Independent Health's Medicare Advantage

2026 Enhanced Part D Formulary

(List of Covered Drugs or "Drug List")

This document includes:
Independent Health's Encompass 65® RED 043 (HMO)
Independent Health's Medicare Family Choice® (HMO I-SNP)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

HPMS Approved Formulary File Submission ID 26425

This formulary was updated on 10/15/2025. For more recent information or other questions, please contact Independent Health's Medicare Advantage Plan Member Services at (716) 250-4401 or 1-800-665-1502 (TTY users should call 711), October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday from 8 a.m. to 8 p.m. or visit www.IndependentHealth.com/Medicare.

The formulary may change at any time. You will receive notice when necessary.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us", or "our," it means Independent Health. When it refers to "plan" or "our plan," it means Independent Health's Medicare Advantage Plan.

This document includes a Drug List (formulary) for our plan which is current as of 10/15/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the Independent Health Medicare Advantage Enhanced Part D Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Independent Health in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Independent Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Independent Health network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but Independent Health may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.IndependentHealth.com/Medicare

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the the Independent Health Medicare Advantage Plan Enhanced Part D Formulary?"

Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Independent Health Medicare Advantage Plan Enhanced Part D Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/15/2025. To get updated information about the drugs covered by Independent Health, please contact us. Our contact information appears on the front and back cover

pages. In the event that a non-maintenance change to the formulary occurs prior to the monthly publication update, such change will be communicated via an ERRATA sheet, which will be available on our website at www.IndependentHealth.com/Medicare and in printed form.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 101. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Independent Health covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Independent Health requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Independent Health before you fill your prescriptions. If you don't get approval, Independent Health may not cover the drug.

- **Quantity Limits:** For certain drugs, Independent Health limits the amount of the drug that we will cover. For example, Independent Health provides 30 tablets per prescription for digoxin 125 mcg. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Independent Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Independent Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Independent Health will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization, quantity limit, and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Independent Health to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to Independent Health's Medicare Advantage Plan Enhanced Part D Formulary?" on page V for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Independent Health does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Independent Health. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Independent Health.

- You can ask Independent Health to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to Independent Health's Medicare Advantage Enhanced Part D Formulary?

You can ask Independent Health to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Independent Health limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at lower cost-sharing level, unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.

Generally, Independent Health will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. ***When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.*** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug while you pursue a formulary exception.

For enrollees admitted or discharged from a long-term care facility or have had any change in level of care, early refill edits will not be used to limit appropriate and necessary access to your Part D benefit and you are allowed to access a refill upon admission or discharge without restrictions. Long Term Care (LTC) pharmacies are permitted to use Emergency Boxes (E Box) when necessary. However, the E Box should be replenished from the patient's monthly prescription claim.

If you are a new or current Medicare Part D enrollee transitioning from one treatment setting to another or experience transitions due to level of care changes, Independent Health will provide a supply of medication pursuant to CMS requirements in compliance with the transition and continuity of care provisions as follows:

- At a retail pharmacy a one-time 30-day transition supply (unless the prescription is written for less than 30 days) will be authorized with refills to total 30 days of medication if needed.

- If you are a resident of a long-term care facility, a 34-day supply (unless the prescription is written for less) will be authorized with refills to total 34 days of medication if needed.

After authorizing the temporary refills referred to above, we will send you a letter via the U.S. mail within three (3) business days, detailing the temporary nature of the transition supply you have received, instructions for working with the plan and your doctor to identify appropriate therapeutic alternatives that are in the Independent Health Medicare Advantage Plan Part D formularies, an explanation of your right to request a formulary exception and a description of the procedures for requesting a formulary exception. We will also send a copy of the letter to your doctor.

For more information

For more detailed information about your Independent Health prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Independent Health, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit http://www.medicare.gov.

Independent Health's Formulary

The formulary below provides coverage information about the drugs covered by Independent Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 101.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *omeprazole*).

The information in the Requirements/Limits column tells you if Independent Health has any special requirements for coverage of your drug.

Drugs listed with an **"AL"** in the Requirements/Limits column have age limitations.

Drugs listed with a **"BD**" in the Requirements/Limits column may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. If it is determined that coverage for this drug falls under Medicare Part B, your cost will not be the tier co-payment in the drug list. Please refer to your Evidence of Coverage for the cost of Part B drugs or contact Independent Health's Medicare Member Services Department. Our contact information appears on the front and back cover pages.

Drugs listed with **"EDS"** in the Requirements/Limits column may be prescribed and dispensed at a participating network retail or mail order pharmacy for an extended day supply. EDS drugs on Tier 1 can be filled for a 100-day supply. EDS drugs on Tiers 2, 3 and 4 can be filled for a 90-day supply.

Drugs listed with an **"ENH"** in the Requirements/Limits column are prescription drugs that are not normally covered under a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Drugs listed with a **"LA"** in the Requirements/Limits column may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call our Member Services Department at (716) 250-4401 or 1-800-665-1502 (TTY users should call 711), October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday from 8 a.m. to 8 p.m. or visit www.IndependentHealth.com/Medicare.

Drugs listed with a **"PA"** in the Requirements/Limits column require prior authorization (see "Are there any restrictions to my coverage on page IV).

Drugs listed with a **"QL"** in the Requirements/Limits column have quantity limits (see "Are there any restrictions to my coverage" on page IV).

Drugs listed with a **"ST"** in the Requirements/Limits column are restricted to step therapy requirements (see "Are there any restrictions on my coverage" on page IV).

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Drug Name	Tier	Requirements/Limits
Analgesics		
Analgesics		
butalbital-acetaminophen oral tablet 50-325 mg	4	PA; PA not required if under 65 years of age.
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	4	PA; PA not required if under 65 years of age.
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	4	PA; PA not required if under 65 years of age.
butalbital-apap-caffeine oral tablet 50-325-40 mg	4	PA; PA not required if under 65 years of age.
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	4	PA; PA not required if under 65 years of age.
TENCON ORAL TABLET 50-325 MG	4	PA; PA not required if under 65 years of age.
Nonsteroidal Anti-Inflammatory Drugs		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	2	EDS
diclofenac epolamine external patch 1.3 %	4	PA
diclofenac potassium oral tablet 50 mg	2	EDS
diclofenac sodium er oral tablet extended release 24 hour 100 mg	2	EDS
diclofenac sodium external solution 1.5 %	2	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	2	EDS
diflunisal oral tablet 500 mg	2	EDS
etodolac oral capsule 200 mg, 300 mg	2	EDS
etodolac oral tablet 400 mg, 500 mg	2	EDS
flurbiprofen oral tablet 100 mg, 50 mg	2	EDS
ibu oral tablet 600 mg, 800 mg	2	EDS
ibuprofen oral suspension 100 mg/5ml	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	EDS
indomethacin er oral capsule extended release 75 mg	4	EDS
indomethacin oral capsule 25 mg, 50 mg	4	EDS
meloxicam oral tablet 15 mg, 7.5 mg	1	EDS
nabumetone oral tablet 500 mg, 750 mg	2	EDS
naproxen oral tablet 250 mg, 375 mg, 500 mg	2	EDS
naproxen sodium oral tablet 275 mg, 550 mg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
piroxicam oral capsule 10 mg, 20 mg	2	EDS
sulindac oral tablet 150 mg, 200 mg	2	EDS
Opioid Analgesics, Long-Acting		
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	4	QL (4 EA per 28 days)
buprenorphine transdermal patch weekly 20 mcg/hr	4	
fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr	4	QL (30 EA per 30 days)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr	4	QL (15 EA per 30 days)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	4	QL (30 EA per 30 days)
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	2	
methadone hcl oral tablet 10 mg	2	
methadone hcl oral tablet 5 mg	2	QL (240 EA per 30 days)
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	4	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	4	
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	4	
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg	4	QL (30 EA per 30 days)
tramadol hcl er oral tablet extended release 24 hour 300 mg	4	
Opioid Analgesics, Short-Acting		
acetaminophen-codeine oral solution 120-12 mg/5ml	2	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	2	
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	4	PA; PA not required if under 65 years of age.
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	4	PA; PA not required if under 65 years of age.

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	4	PA; PA not required if under 65 years of age.
butorphanol tartrate nasal solution 10 mg/ml	4	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	4	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	4	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	4	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	4	
hydromorphone hcl oral liquid 1 mg/ml	4	
hydromorphone hcl oral tablet 2 mg, 4 mg	4	QL (360 EA per 30 days)
hydromorphone hcl oral tablet 8 mg	4	QL (180 EA per 30 days)
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	4	
morphine sulfate (concentrate) oral solution 100 mg/5ml	4	
morphine sulfate intravenous solution 10 mg/ml	2	
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	4	
morphine sulfate oral tablet 15 mg, 30 mg	4	
oxycodone hcl oral concentrate 100 mg/5ml	4	
oxycodone hcl oral solution 5 mg/5ml	4	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	4	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	4	
oxymorphone hcl oral tablet 10 mg	4	
oxymorphone hcl oral tablet 5 mg	4	QL (240 EA per 30 days)
pentazocine-naloxone hcl oral tablet 50-0.5 mg	4	
tramadol hcl oral tablet 50 mg	2	
tramadol-acetaminophen oral tablet 37.5-325 mg	4	
Anesthetics		
Local Anesthetics		
lidocaine external ointment 5 %	2	
lidocaine external patch 5 %	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
lidocaine hcl external solution 4 %	2	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	2	
lidocaine viscous hcl mouth/throat solution 2 %	2	
lidocaine-prilocaine external cream 2.5-2.5 %	2	
lidocan external patch 5 %	2	PA
tridacaine ii external patch 5 %	2	PA
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
acamprosate calcium oral tablet delayed release 333 mg	2	EDS
disulfiram oral tablet 250 mg, 500 mg	2	EDS
naltrexone hcl oral tablet 50 mg	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	
Opioid Dependence		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	2	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	2	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	2	
lofexidine hcl oral tablet 0.18 mg	5	
naltrexone hcl oral tablet 50 mg	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	3	
naloxone hcl injection solution 0.4 mg/ml	2	
naloxone hcl injection solution cartridge 0.4 mg/ml	2	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	2	
naloxone hcl nasal liquid 4 mg/0.1ml	2	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Smoking Cessation Agents		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	EDS
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	2	
varenicline tartrate oral tablet 0.5 mg, 1 mg	2	
Antibacterials		
Aminoglycosides		
amikacin sulfate injection solution 500 mg/2ml	2	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	5	PA; LA
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	2	
gentamicin sulfate external cream 0.1 %	2	
gentamicin sulfate external ointment 0.1 %	2	
gentamicin sulfate injection solution 40 mg/ml	2	
neomycin sulfate oral tablet 500 mg	2	
streptomycin sulfate intramuscular solution reconstituted 1 gm	4	
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	2	
Antibacterials, Other		
aztreonam injection solution reconstituted 1 gm	2	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	2	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	2	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	2	
clindamycin phosphate injection solution 900 mg/6ml	2	
clindamycin phosphate vaginal cream 2 %	2	
colistimethate sodium (cba) injection solution reconstituted 150 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
daptomycin intravenous solution reconstituted 500 mg	5	
fosfomycin tromethamine oral packet 3 gm	4	QL (1 EA per 30 days)
linezolid intravenous solution 600 mg/300ml	4	
linezolid oral suspension reconstituted 100 mg/5ml	5	
linezolid oral tablet 600 mg	4	
methenamine hippurate oral tablet 1 gm	2	
metronidazole external cream 0.75 %	2	
metronidazole external gel 0.75 %, 1 %	2	
metronidazole external lotion 0.75 %	4	
metronidazole intravenous solution 500 mg/100ml	2	
metronidazole oral tablet 250 mg, 500 mg	2	
metronidazole vaginal gel 0.75 %	2	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	2	
nitrofurantoin monohyd macro oral capsule 100 mg	2	
NUVESSA VAGINAL GEL 1.3 %	4	
physiosol irrigation irrigation solution	2	
polymyxin b sulfate injection solution reconstituted 500000 unit	2	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	5	PA
SIVEXTRO ORAL TABLET 200 MG	5	PA
sterile water for irrigation irrigation solution	2	
tigecycline intravenous solution reconstituted 50 mg	4	
tinidazole oral tablet 250 mg, 500 mg	2	
trimethoprim oral tablet 100 mg	2	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg	2	
vancomycin hcl intravenous solution reconstituted 5 gm	4	
vancomycin hcl oral capsule 125 mg, 250 mg	4	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml	4	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
vandazole vaginal gel 0.75 %	2	
Beta-Lactam, Cephalosporins		
cefaclor oral capsule 250 mg, 500 mg	2	
cefaclor oral suspension reconstituted 250 mg/5ml	2	
cefadroxil oral capsule 500 mg	2	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	2	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	2	
cefdinir oral capsule 300 mg	2	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
cefepime hcl injection solution reconstituted 1 gm	4	
cefepime hcl intravenous solution reconstituted 2 gm	4	
cefixime oral capsule 400 mg	3	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	3	
cefotaxime sodium injection solution reconstituted 1 gm	2	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	4	
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	2	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	2	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	2	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
cefprozil oral tablet 250 mg, 500 mg	2	
ceftazidime injection solution reconstituted 1 gm, 6 gm	2	
ceftazidime intravenous solution reconstituted 2 gm	2	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	2	
ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
cefuroxime axetil oral tablet 250 mg, 500 mg	2	
cefuroxime sodium injection solution reconstituted 750 mg	2	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	2	
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	2	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	
Beta-Lactam, Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	2	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	2	
amoxicillin oral tablet 500 mg, 875 mg	2	
amoxicillin oral tablet chewable 125 mg, 250 mg	2	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	2	
ampicillin oral capsule 500 mg	2	
ampicillin sodium injection solution reconstituted 1 gm	2	
ampicillin sodium intravenous solution reconstituted 10 gm	2	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	2	
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	2	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	
dicloxacillin sodium oral capsule 250 mg, 500 mg	2	
nafcillin sodium injection solution reconstituted 1 gm	4	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
oxacillin sodium in dextrose intravenous solution 2 gm/50ml	4	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	4	
oxacillin sodium intravenous solution reconstituted 10 gm	4	
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	2	
penicillin g potassium injection solution reconstituted 20000000 unit	2	
penicillin g sodium injection solution reconstituted 5000000 unit	2	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	2	
penicillin v potassium oral tablet 250 mg, 500 mg	2	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	3	
Carbapenems		
ertapenem sodium injection solution reconstituted 1 gm	4	
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	2	
meropenem intravenous solution reconstituted 1 gm, 500 mg	3	
Macrolides		
azithromycin intravenous solution reconstituted 500 mg	2	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	2	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	2	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	4	
clarithromycin oral tablet 250 mg, 500 mg	2	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	
DIFICID ORAL TABLET 200 MG	5	
e.e.s. 400 oral tablet 400 mg	4	
erythromycin base oral capsule delayed release particles 250 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
erythromycin base oral tablet 250 mg, 500 mg	4	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	4	
erythromycin ethylsuccinate oral tablet 400 mg	4	
erythromycin lactobionate intravenous solution reconstituted 500 mg	4	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	4	
Quinolones		
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	2	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	2	
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	2	
levofloxacin intravenous solution 25 mg/ml	2	
levofloxacin oral solution 25 mg/ml	2	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	2	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	2	
moxifloxacin hcl intravenous solution 400 mg/250ml	2	
moxifloxacin hcl oral tablet 400 mg	2	
Sulfonamides		
sulfacetamide sodium (acne) external lotion 10 %	2	
sulfadiazine oral tablet 500 mg	2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	2	
Tetracyclines		
demeclocycline hcl oral tablet 150 mg, 300 mg	4	
doxy 100 intravenous solution reconstituted 100 mg	4	
doxycycline hyclate intravenous solution reconstituted 100 mg	4	
doxycycline hyclate oral capsule 100 mg, 50 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
doxycycline hyclate oral tablet 100 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	2	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	2	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	2	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	4	
tetracycline hcl oral capsule 250 mg, 500 mg	2	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	5	
BRIVIACT ORAL TABLET 10 MG	5	QL (240 EA per 30 days)
BRIVIACT ORAL TABLET 100 MG	5	
BRIVIACT ORAL TABLET 25 MG, 50 MG, 75 MG	5	QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	5	PA New Starts; LA
DIACOMIT ORAL PACKET 250 MG, 500 MG	5	PA New Starts; LA
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	2	EDS
divalproex sodium oral capsule delayed release sprinkle 125 mg	2	EDS
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	2	EDS
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA New Starts; LA
felbamate oral suspension 600 mg/5ml	2	EDS
felbamate oral tablet 400 mg, 600 mg	2	EDS
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA New Starts; LA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	4	EDS
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	2	EDS
lamotrigine oral tablet chewable 25 mg, 5 mg	2	EDS
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
levetiracetam oral solution 100 mg/ml	2	EDS
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	2	EDS
perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg	5	QL (30 EA per 30 days)
perampanel oral tablet 2 mg	4	QL (30 EA per 30 days); EDS
roweepra oral tablet 500 mg	2	EDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	4	EDS
topiramate oral capsule sprinkle 15 mg, 25 mg	3	EDS
topiramate oral solution 25 mg/ml	4	EDS
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	EDS
valproic acid oral capsule 250 mg	2	EDS
valproic acid oral solution 250 mg/5ml	2	EDS
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	5	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	QL (28 EA per 28 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA New Starts; LA
Calcium Channel Modifying Agents		
ethosuximide oral capsule 250 mg	2	EDS
ethosuximide oral solution 250 mg/5ml	2	EDS
methsuximide oral capsule 300 mg	2	EDS
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	2	EDS
pregabalin oral solution 20 mg/ml	4	EDS
Gamma-Aminobutyric Acid (Gaba) Modulating Agents		
clobazam oral suspension 2.5 mg/ml	2	EDS
clobazam oral tablet 10 mg, 20 mg	2	EDS
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	EDS
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	4	
diazepam intensol oral concentrate 5 mg/ml	2	
diazepam oral solution 5 mg/5ml	2	
diazepam oral tablet 10 mg, 2 mg, 5 mg	2	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	3	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	2	EDS
gabapentin oral solution 250 mg/5ml	4	EDS
gabapentin oral tablet 600 mg, 800 mg	2	EDS
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	PA New Starts; Prior authorization not required for neurologists.
phenobarbital oral elixir 20 mg/5ml	2	EDS
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	2	EDS
primidone oral tablet 250 mg, 50 mg	2	EDS
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	ST
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	4	EDS
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	5	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	5	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	5	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	5	PA New Starts; Prior authorization not required for neurologists.
vigabatrin oral packet 500 mg	5	
vigabatrin oral tablet 500 mg	5	
vigadrone oral packet 500 mg	5	
vigadrone oral tablet 500 mg	5	
vigpoder oral packet 500 mg	5	
Sodium Channel Agents		
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	3	EDS
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
carbamazepine oral suspension 100 mg/5ml	3	EDS
carbamazepine oral tablet 200 mg	2	EDS
carbamazepine oral tablet chewable 100 mg	2	EDS
DILANTIN ORAL CAPSULE 30 MG	3	EDS
epitol oral tablet 200 mg	2	EDS
eslicarbazepine acetate oral tablet 200 mg, 400 mg	5	QL (30 EA per 30 days)
eslicarbazepine acetate oral tablet 600 mg, 800 mg	5	QL (60 EA per 30 days)
lacosamide oral solution 10 mg/ml	4	EDS
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	EDS
oxcarbazepine oral suspension 300 mg/5ml	2	EDS
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	2	EDS
phenytoin oral suspension 125 mg/5ml	2	EDS
phenytoin oral tablet chewable 50 mg	2	EDS
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	2	EDS
rufinamide oral suspension 40 mg/ml	5	
rufinamide oral tablet 200 mg	4	EDS
rufinamide oral tablet 400 mg	5	
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	EDS
zonisamide oral capsule 100 mg, 25 mg, 50 mg	2	EDS
Antidementia Agents		
Antidementia Agents, Other		
memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg	4	PA New Starts; EDS
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	4	PA New Starts; EDS
Cholinesterase Inhibitors		
donepezil hcl oral tablet 10 mg, 5 mg	1	EDS
donepezil hcl oral tablet dispersible 10 mg, 5 mg	2	EDS
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 8 mg	2	QL (30 EA per 30 days); EDS
galantamine hydrobromide er oral capsule extended release 24 hour 24 mg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
galantamine hydrobromide oral solution 4 mg/ml	2	EDS
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	2	EDS
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	EDS
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	3	EDS
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	2	EDS
memantine hcl oral solution 2 mg/ml	3	EDS
memantine hcl oral tablet 10 mg, 5 mg	1	EDS
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	2	
Antidepressants		
Antidepressants, Other		
aripiprazole oral solution 1 mg/ml	3	EDS
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	2	EDS
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	5	PA New Starts
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	1	EDS
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	EDS
bupropion hcl oral tablet 100 mg, 75 mg	1	EDS
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	2	EDS
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	EDS
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	2	EDS
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	4	EDS
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	2	EDS
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	2	EDS
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	5	PA New Starts; LA
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	
MARPLAN ORAL TABLET 10 MG	4	EDS
phenelzine sulfate oral tablet 15 mg	2	EDS
tranylcypromine sulfate oral tablet 10 mg	2	EDS
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide oral solution 10 mg/5ml	2	EDS
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	EDS
desvenlafaxine er oral tablet extended release 24 hour 100 mg	4	EDS
desvenlafaxine er oral tablet extended release 24 hour 50 mg	4	QL (30 EA per 30 days); EDS
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	2	EDS
drizalma sprinkle oral capsule delayed release sprinkle 20 mg, 30 mg, 40 mg	4	QL (60 EA per 30 days); EDS
drizalma sprinkle oral capsule delayed release sprinkle 60 mg	4	EDS
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	EDS
escitalopram oxalate oral solution 5 mg/5ml	4	EDS
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	EDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	4	EDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 80 MG	4	QL (30 EA per 30 days); EDS
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	2	EDS
fluoxetine hcl oral capsule delayed release 90 mg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
fluoxetine hcl oral solution 20 mg/5ml	2	EDS
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg	2	EDS
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg	4	QL (60 EA per 30 days); EDS
fluvoxamine maleate er oral capsule extended release 24 hour 150 mg	4	EDS
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	2	EDS
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	2	EDS
paroxetine hcl oral suspension 10 mg/5ml	4	EDS
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	2	EDS
RALDESY ORAL SOLUTION 10 MG/ML	5	
sertraline hcl oral concentrate 20 mg/ml	2	EDS
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	EDS
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	2	EDS
TRINTELLIX ORAL TABLET 10 MG, 5 MG	4	QL (30 EA per 30 days); EDS
TRINTELLIX ORAL TABLET 20 MG	4	EDS
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	2	EDS
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	2	EDS
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	4	EDS
Tricyclics		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	EDS
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	4	EDS
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	4	EDS
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	EDS
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	EDS
doxepin hcl oral concentrate 10 mg/ml	4	EDS
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	2	EDS
nortriptyline hcl oral solution 10 mg/5ml	2	EDS
protriptyline hcl oral tablet 10 mg, 5 mg	4	EDS
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	2	EDS
Antiemetics		
Antiemetics, Other		
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	4	EDS
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	EDS
compro rectal suppository 25 mg	4	
meclizine hcl oral tablet 12.5 mg, 25 mg	2	
metoclopramide hcl oral solution 5 mg/5ml	2	
metoclopramide hcl oral tablet 10 mg, 5 mg	2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	2	EDS
prochlorperazine rectal suppository 25 mg	4	
promethazine hcl oral solution 6.25 mg/5ml	4	PA; PA not required if under 65 years of age.
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	4	PA; PA not required if under 65 years of age.
promethazine hcl rectal suppository 12.5 mg, 25 mg	4	PA; PA not required if under 65 years of age.
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	4	PA; PA not required if under 65 years of age.
scopolamine transdermal patch 72 hour 1 mg/3days	4	
trimethobenzamide hcl oral capsule 300 mg	2	
Emetogenic Therapy Adjuncts		
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	4	BD
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	4	PA
granisetron hcl oral tablet 1 mg	2	BD
ondansetron hcl oral solution 4 mg/5ml	2	BD
ondansetron hcl oral tablet 4 mg, 8 mg	2	BD
ondansetron oral tablet dispersible 4 mg, 8 mg	2	BD

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Antifungals		
Antifungals		
amphotericin b intravenous solution reconstituted 50 mg	4	BD
amphotericin b liposome intravenous suspension reconstituted 50 mg	4	BD
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg	4	BD
clotrimazole external cream 1 %	2	
clotrimazole external solution 1 %	2	
clotrimazole mouth/throat troche 10 mg	2	
CRESEMBA ORAL CAPSULE 186 MG	5	PA
econazole nitrate external cream 1 %	2	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	2	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	
flucytosine oral capsule 250 mg, 500 mg	5	
griseofulvin microsize oral suspension 125 mg/5ml	3	
griseofulvin microsize oral tablet 500 mg	3	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	3	
itraconazole oral capsule 100 mg	2	
itraconazole oral solution 10 mg/ml	4	
ketoconazole external cream 2 %	2	
ketoconazole external shampoo 2 %	2	
ketoconazole oral tablet 200 mg	2	PA
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	4	
miconazole 3 vaginal suppository 200 mg	2	
nyamyc external powder 100000 unit/gm	2	
nystatin external cream 100000 unit/gm	2	
nystatin external ointment 100000 unit/gm	2	
nystatin external powder 100000 unit/gm	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
nystatin mouth/throat suspension 100000 unit/ml	2	
nystatin oral tablet 500000 unit	2	
nystop external powder 100000 unit/gm	2	
posaconazole oral suspension 40 mg/ml	5	
posaconazole oral tablet delayed release 100 mg	5	
terbinafine hcl oral tablet 250 mg	2	
terconazole vaginal cream 0.4 %, 0.8 %	2	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG	4	PA; QL (18 EA per 84 days)
voriconazole intravenous solution reconstituted 200 mg	5	BD
voriconazole oral suspension reconstituted 40 mg/ml	5	
voriconazole oral tablet 200 mg, 50 mg	2	
Antigout Agents		
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	EDS
colchicine oral tablet 0.6 mg	2	
colchicine-probenecid oral tablet 0.5-500 mg	2	EDS
febuxostat oral tablet 40 mg, 80 mg	2	ST; EDS
probenecid oral tablet 500 mg	2	EDS
Antimigraine Agents		
Calcitonin Gene-Related Peptide (Cgrp) Receptor Antagonists		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; EDS
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (1 ML per 30 days); EDS
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	4	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	4	PA; EDS
NURTEC ORAL TABLET DISPERSIBLE 75 MG	3	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (30 EA per 30 days); EDS
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Ergot Alkaloids		
dihydroergotamine mesylate nasal solution 4 mg/ml	5	QL (8 ML per 28 days)
ergotamine-caffeine oral tablet 1-100 mg	2	
Prophylactic		
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	2	EDS
divalproex sodium oral capsule delayed release sprinkle 125 mg	2	EDS
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	2	EDS
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	2	EDS
topiramate oral capsule sprinkle 15 mg, 25 mg	3	EDS
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	EDS
valproic acid oral capsule 250 mg	2	EDS
valproic acid oral solution 250 mg/5ml	2	EDS
Serotonin (5-Ht) Receptor Agonist		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	3	
eletriptan hydrobromide oral tablet 20 mg, 40 mg	2	
frovatriptan succinate oral tablet 2.5 mg	4	
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	
rizatriptan benzoate oral tablet 10 mg, 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	1	
sumatriptan nasal solution 20 mg/act, 5 mg/act	4	
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	4	
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	4	
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	4	
zolmitriptan oral tablet 2.5 mg, 5 mg	2	
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er oral tablet extended release 180 mg	2	
pyridostigmine bromide oral solution 60 mg/5ml	2	
pyridostigmine bromide oral tablet 30 mg	4	
pyridostigmine bromide oral tablet 60 mg	2	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral tablet 100 mg, 25 mg	2	EDS
rifabutin oral capsule 150 mg	4	
Antituberculars		
ethambutol hcl oral tablet 100 mg, 400 mg	2	
isoniazid oral syrup 50 mg/5ml	2	EDS
isoniazid oral tablet 100 mg, 300 mg	2	EDS
PRETOMANID ORAL TABLET 200 MG	4	PA
PRIFTIN ORAL TABLET 150 MG	4	
pyrazinamide oral tablet 500 mg	2	
rifampin intravenous solution reconstituted 600 mg	2	
rifampin oral capsule 150 mg, 300 mg	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA
TRECATOR ORAL TABLET 250 MG	4	
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule 25 mg, 50 mg	2	BD
cyclophosphamide oral tablet 25 mg, 50 mg	2	BD
GLEOSTINE ORAL CAPSULE 10 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	5	
LEUKERAN ORAL TABLET 2 MG	3	
MATULANE ORAL CAPSULE 50 MG	5	LA
VALCHLOR EXTERNAL GEL 0.016 %	5	PA New Starts
Antiandrogens		
abiraterone acetate oral tablet 250 mg	2	
abirtega oral tablet 250 mg	2	
bicalutamide oral tablet 50 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
ERLEADA ORAL TABLET 240 MG, 60 MG	5	PA New Starts
EULEXIN ORAL CAPSULE 125 MG	4	
nilutamide oral tablet 150 mg	5	
NUBEQA ORAL TABLET 300 MG	5	PA New Starts; LA
XTANDI ORAL CAPSULE 40 MG	5	PA New Starts
XTANDI ORAL TABLET 40 MG, 80 MG	5	PA New Starts
Antiangiogenic Agents		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	5	PA New Starts
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA New Starts; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	LA
Antiestrogens/Modifiers		
ORSERDU ORAL TABLET 345 MG, 86 MG	5	PA New Starts; LA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	
tamoxifen citrate oral tablet 10 mg, 20 mg	2	EDS
toremifene citrate oral tablet 60 mg	4	EDS
Antimetabolites		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA New Starts; LA
hydroxyurea oral capsule 500 mg	2	
mercaptopurine oral suspension 2000 mg/100ml	5	
mercaptopurine oral tablet 50 mg	2	
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA New Starts; QL (30 EA per 30 days)
TABLOID ORAL TABLET 40 MG	4	
Antineoplastics, Other		
INQOVI ORAL TABLET 35-100 MG	5	PA New Starts; LA
IWILFIN ORAL TABLET 192 MG	5	PA New Starts; LA
JYLAMVO ORAL SOLUTION 2 MG/ML	4	BD
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA New Starts; LA
LYSODREN ORAL TABLET 500 MG	5	
ORGOVYX ORAL TABLET 120 MG	5	LA
VORANIGO ORAL TABLET 10 MG	5	PA New Starts; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA New Starts
ZOLINZA ORAL CAPSULE 100 MG	5	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Aromatase Inhibitors, 3Rd Generation		
anastrozole oral tablet 1 mg	2	EDS
exemestane oral tablet 25 mg	2	EDS
letrozole oral tablet 2.5 mg	2	EDS
Enzyme Inhibitors		
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA New Starts; LA
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA New Starts; LA
TIBSOVO ORAL TABLET 250 MG	5	PA New Starts; LA
Molecular Target Inhibitors		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA New Starts; LA
ALECENSA ORAL CAPSULE 150 MG	5	PA New Starts
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	5	PA New Starts; LA
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA New Starts; LA
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	5	PA New Starts; LA
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	5	PA New Starts; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 300 MG	5	PA New Starts; LA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA New Starts; LA
BOSULIF ORAL CAPSULE 100 MG	5	PA New Starts; LA
BOSULIF ORAL CAPSULE 50 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5	PA New Starts; LA
BRAFTOVI ORAL CAPSULE 75 MG	5	PA New Starts; LA
BRUKINSA ORAL CAPSULE 80 MG	5	PA New Starts
BRUKINSA ORAL TABLET 160 MG	5	PA New Starts
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA New Starts; LA
CALQUENCE ORAL TABLET 100 MG	5	PA New Starts
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	PA New Starts; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA New Starts; LA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA New Starts; LA
COPIKTRA ORAL CAPSULE 15 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	5	PA New Starts; LA
COTELLIC ORAL TABLET 20 MG	5	PA New Starts
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA New Starts
dasatinib oral tablet 100 mg, 140 mg, 80 mg	5	PA New Starts; QL (30 EA per 30 days)
dasatinib oral tablet 20 mg, 50 mg, 70 mg	5	PA New Starts; QL (60 EA per 30 days)
DAURISMO ORAL TABLET 100 MG	5	PA New Starts; LA
DAURISMO ORAL TABLET 25 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	5	PA New Starts
erlotinib hcl oral tablet 100 mg, 150 mg	3	
erlotinib hcl oral tablet 25 mg	3	QL (90 EA per 30 days)
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA New Starts
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	5	PA New Starts
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA New Starts; LA
FRUZAQLA ORAL CAPSULE 1 MG	5	PA New Starts; LA; QL (120 EA per 30 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA New Starts; LA
gefitinib oral tablet 250 mg	5	PA New Starts
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA New Starts; LA
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	5	PA New Starts; LA
GOMEKLI ORAL TABLET SOLUBLE 1 MG	5	PA New Starts; LA
HERNEXEOS ORAL TABLET 60 MG	5	PA New Starts; LA
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA New Starts; LA
IBTROZI ORAL CAPSULE 200 MG	5	PA New Starts; LA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA New Starts
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA New Starts; LA
imatinib mesylate oral tablet 100 mg	4	QL (90 EA per 30 days)
imatinib mesylate oral tablet 400 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA New Starts; LA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA New Starts; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA New Starts; LA
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA New Starts
INLYTA ORAL TABLET 1 MG, 5 MG	5	PA New Starts; LA
INREBIC ORAL CAPSULE 100 MG	5	PA New Starts; LA
ITOVEBI ORAL TABLET 3 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA New Starts; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA New Starts; LA
JAYPIRCA ORAL TABLET 100 MG, 50 MG	5	PA New Starts; LA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA New Starts
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA New Starts
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA New Starts
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA New Starts; LA
KRAZATI ORAL TABLET 200 MG	5	PA New Starts; LA
lapatinib ditosylate oral tablet 250 mg	5	PA New Starts
LAZCLUZE ORAL TABLET 240 MG	5	PA New Starts
LAZCLUZE ORAL TABLET 80 MG	5	PA New Starts; QL (60 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA New Starts; LA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA New Starts; LA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA New Starts; LA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA New Starts; LA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA New Starts; LA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA New Starts; LA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA New Starts; LA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA New Starts; LA
LORBRENA ORAL TABLET 100 MG	5	PA New Starts; LA
LORBRENA ORAL TABLET 25 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG, 320 MG	5	PA New Starts
LUMAKRAS ORAL TABLET 240 MG	5	PA New Starts; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA New Starts; LA
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA New Starts; QL (84 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA New Starts; QL (112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA New Starts; QL (140 EA per 28 days)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA New Starts
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA New Starts
MEKTOVI ORAL TABLET 15 MG	5	PA New Starts; LA
MODEYSO ORAL CAPSULE 125 MG	5	PA New Starts; LA
NERLYNX ORAL TABLET 40 MG	5	PA New Starts; LA
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	5	PA New Starts
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA New Starts; QL (3 EA per 28 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA New Starts
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	5	PA New Starts; LA
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	5	PA New Starts; LA
OJJAARA ORAL TABLET 100 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
OJJAARA ORAL TABLET 150 MG, 200 MG	5	PA New Starts; LA
pazopanib hcl oral tablet 200 mg	5	PA New Starts
PEMAZYRE ORAL TABLET 13.5 MG	5	PA New Starts; LA
PEMAZYRE ORAL TABLET 4.5 MG, 9 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA New Starts; LA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA New Starts; LA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA New Starts; LA
QINLOCK ORAL TABLET 50 MG	5	PA New Starts; LA
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA New Starts; LA
RETEVMO ORAL TABLET 40 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG	5	PA New Starts; LA
REVUFORJ ORAL TABLET 25 MG	5	PA New Starts; LA; QL (240 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA New Starts
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA New Starts; LA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	PA New Starts; LA
ROZLYTREK ORAL PACKET 50 MG	5	PA New Starts; LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA New Starts; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5	PA New Starts
SCEMBLIX ORAL TABLET 100 MG	5	PA New Starts
SCEMBLIX ORAL TABLET 20 MG	5	PA New Starts; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA New Starts; QL (300 EA per 30 days)
sorafenib tosylate oral tablet 200 mg	5	PA New Starts
STIVARGA ORAL TABLET 40 MG	5	PA New Starts; LA
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	5	PA New Starts
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA New Starts
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA New Starts
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA New Starts
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA New Starts; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA New Starts; LA
TAZVERIK ORAL TABLET 200 MG	5	PA New Starts; LA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG	5	PA New Starts
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA New Starts; LA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	5	PA New Starts; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA New Starts; LA
TUKYSA ORAL TABLET 50 MG	5	PA New Starts; LA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA New Starts; LA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA New Starts; LA
VENCLEXTA ORAL TABLET 10 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA New Starts; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA New Starts; LA; QL (42 EA per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA New Starts
VITRAKVI ORAL CAPSULE 100 MG	5	PA New Starts; LA
VITRAKVI ORAL CAPSULE 25 MG	5	PA New Starts; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA New Starts; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
VIZIMPRO ORAL TABLET 45 MG	5	PA New Starts; LA
VONJO ORAL CAPSULE 100 MG	5	PA New Starts; QL (120 EA per 30 days)
WELIREG ORAL TABLET 40 MG	5	PA New Starts
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA New Starts; LA
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	5	PA New Starts; LA
XOSPATA ORAL TABLET 40 MG	5	PA New Starts; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA New Starts; LA; QL (16 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA New Starts; LA; QL (4 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA New Starts; LA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA New Starts; LA; QL (32 EA per 28 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA New Starts
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA New Starts
ZYKADIA ORAL TABLET 150 MG	5	PA New Starts
Retinoids		
bexarotene external gel 1 %	5	PA New Starts
bexarotene oral capsule 75 mg	5	
tretinoin oral capsule 10 mg	5	
Treatment Adjuncts		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	2	
mesna oral tablet 400 mg	4	
Antiparasitics		
Anthelmintics		
albendazole oral tablet 200 mg	4	
EMVERM ORAL TABLET CHEWABLE 100 MG	5	
ivermectin oral tablet 3 mg	2	
praziquantel oral tablet 600 mg	4	
Antiprotozoals		
atovaquone oral suspension 750 mg/5ml	4	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	2	
chloroquine phosphate oral tablet 250 mg, 500 mg	2	EDS
COARTEM ORAL TABLET 20-120 MG	4	QL (24 EA per 30 days)
hydroxychloroquine sulfate oral tablet 200 mg	2	EDS
IMPAVIDO ORAL CAPSULE 50 MG	5	
mefloquine hcl oral tablet 250 mg	2	EDS
nitazoxanide oral tablet 500 mg	5	
pentamidine isethionate inhalation solution reconstituted 300 mg	4	BD

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
pentamidine isethionate injection solution reconstituted 300 mg	4	
primaquine phosphate oral tablet 26.3 (15 base) mg	2	
pyrimethamine oral tablet 25 mg	5	
quinine sulfate oral capsule 324 mg	2	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	2	EDS
trihexyphenidyl hcl oral solution 0.4 mg/ml	2	EDS
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	2	EDS
Antiparkinson Agents, Other		
amantadine hcl oral capsule 100 mg	2	EDS
amantadine hcl oral solution 50 mg/5ml	2	EDS
amantadine hcl oral tablet 100 mg	2	EDS
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	2	EDS
entacapone oral tablet 200 mg	2	EDS
Dopamine Agonists		
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	5	PA
bromocriptine mesylate oral tablet 2.5 mg	2	EDS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	QL (30 EA per 30 days); EDS
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	3	QL (30 EA per 30 days); EDS
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	2	EDS
ropinirole hcl er oral tablet extended release 24 hour 12 mg	4	EDS
ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg	4	QL (30 EA per 30 days); EDS
ropinirole hcl er oral tablet extended release 24 hour 8 mg	4	QL (60 EA per 30 days); EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	EDS
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral tablet 25 mg	4	EDS
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	2	EDS
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	2	EDS
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	4	EDS
INBRIJA INHALATION CAPSULE 42 MG	5	PA; LA
Monoamine Oxidase B (Mao-B) Inhibitors		
rasagiline mesylate oral tablet 0.5 mg, 1 mg	2	EDS
selegiline hcl oral capsule 5 mg	2	EDS
selegiline hcl oral tablet 5 mg	2	EDS
Antipsychotics		
1St Generation/Typical		
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	4	EDS
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	EDS
fluphenazine decanoate injection solution 25 mg/ml	2	BD
fluphenazine hcl injection solution 2.5 mg/ml	2	BD
fluphenazine hcl oral concentrate 5 mg/ml	2	EDS
fluphenazine hcl oral elixir 2.5 mg/5ml	2	EDS
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	2	EDS
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	2	BD
haloperidol lactate injection solution 5 mg/ml	2	
haloperidol lactate oral concentrate 2 mg/ml	2	EDS
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	EDS
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	2	EDS
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	4	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	2	EDS
pimozide oral tablet 1 mg, 2 mg	4	EDS
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	EDS
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	2	EDS
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	2	EDS
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	BD
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	BD
aripiprazole oral solution 1 mg/ml	3	EDS
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	2	EDS
aripiprazole oral tablet dispersible 10 mg, 15 mg	4	ST; QL (60 EA per 30 days); EDS
asenapine maleate sublingual tablet sublingual 10 mg	4	EDS
asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg	4	QL (60 EA per 30 days); EDS
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	5	PA New Starts; QL (30 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	5	PA New Starts
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	PA New Starts
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	5	PA New Starts; QL (56 EA per 28 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	5	PA New Starts; QL (90 EA per 30 days)
FANAPT ORAL TABLET 10 MG	5	PA New Starts; QL (60 EA per 30 days)
FANAPT ORAL TABLET 12 MG, 8 MG	5	PA New Starts
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	4	PA New Starts; QL (8 EA per 4 days)
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	4	PA New Starts; QL (12 EA per 4 days)
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	4	PA New Starts; QL (8 EA per 3 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	5	PA New Starts
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	BD
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	BD
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	PA New Starts
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	2	EDS
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA New Starts
NUPLAZID ORAL CAPSULE 34 MG	5	PA New Starts; LA
NUPLAZID ORAL TABLET 10 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
olanzapine intramuscular solution reconstituted 10 mg	4	BD
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	2	EDS
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	4	EDS
OPIPZA ORAL FILM 10 MG	5	ST
OPIPZA ORAL FILM 2 MG, 5 MG	5	ST; QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	3	QL (30 EA per 30 days); EDS
paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg	3	EDS
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	2	EDS
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	2	EDS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	5	PA New Starts; QL (30 EA per 30 days)
REXULTI ORAL TABLET 4 MG	5	PA New Starts
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg	3	BD

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg	5	BD
risperidone oral solution 1 mg/ml	2	EDS
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	EDS
risperidone oral tablet dispersible 0.25 mg, 0.5 mg	3	QL (90 EA per 30 days); EDS
risperidone oral tablet dispersible 1 mg, 2 mg	3	QL (30 EA per 30 days); EDS
risperidone oral tablet dispersible 3 mg, 4 mg	3	EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR	5	PA New Starts; QL (30 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 5.7 MG/24HR, 7.6 MG/24HR	5	PA New Starts
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML	5	PA New Starts
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	QL (30 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	2	EDS
ziprasidone mesylate intramuscular solution reconstituted 20 mg	4	BD
Treatment-Resistant		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	4	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	ST
Antispasticity Agents		
Antispasticity Agents		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	EDS
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	3	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	2	EDS
tizanidine hcl oral tablet 2 mg, 4 mg	2	EDS
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET 200 MG	5	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA
valganciclovir hcl oral solution reconstituted 50 mg/ml	5	
valganciclovir hcl oral tablet 450 mg	3	EDS
Anti-Hepatitis B (Hbv) Agents		
adefovir dipivoxil oral tablet 10 mg	4	EDS
entecavir oral tablet 0.5 mg, 1 mg	2	EDS
lamivudine oral solution 10 mg/ml	4	EDS
lamivudine oral tablet 100 mg	2	EDS
tenofovir disoproxil fumarate oral tablet 300 mg	2	EDS
VEMLIDY ORAL TABLET 25 MG	5	
VIREAD ORAL POWDER 40 MG/GM	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
Anti-Hepatitis C (Hcv) Agents		
MAVYRET ORAL PACKET 50-20 MG	5	PA
MAVYRET ORAL TABLET 100-40 MG	5	PA
ribavirin oral capsule 200 mg	2	
ribavirin oral tablet 200 mg	2	
sofosbuvir-velpatasvir oral tablet 400-100 mg	5	PA
Antiherpetic Agents		
acyclovir oral capsule 200 mg	2	
acyclovir oral suspension 200 mg/5ml	2	
acyclovir oral tablet 400 mg, 800 mg	2	
acyclovir sodium intravenous solution 50 mg/ml	2	BD
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
valacyclovir hcl oral tablet 1 gm, 500 mg	2	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	
DOVATO ORAL TABLET 50-300 MG	5	
GENVOYA ORAL TABLET 150-150-200-10 MG	5	
ISENTRESS HD ORAL TABLET 600 MG	5	
ISENTRESS ORAL PACKET 100 MG	5	
ISENTRESS ORAL TABLET 400 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
JULUCA ORAL TABLET 50-25 MG	5	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
TIVICAY ORAL TABLET 50 MG	5	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	3	EDS
VOCABRIA ORAL TABLET 30 MG	5	LA
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
DELSTRIGO ORAL TABLET 100-300-300 MG	5	
EDURANT ORAL TABLET 25 MG	5	
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	5	
efavirenz oral tablet 600 mg	2	EDS
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	2	EDS
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	5	
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	5	
etravirine oral tablet 100 mg, 200 mg	5	
INTELENCE ORAL TABLET 25 MG	4	EDS
nevirapine er oral tablet extended release 24 hour 400 mg	4	EDS
nevirapine oral suspension 50 mg/5ml	4	EDS
nevirapine oral tablet 200 mg	4	EDS
PIFELTRO ORAL TABLET 100 MG	5	
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
abacavir sulfate oral solution 20 mg/ml	2	EDS
abacavir sulfate oral tablet 300 mg	2	EDS
abacavir sulfate-lamivudine oral tablet 600-300 mg	2	EDS
CIMDUO ORAL TABLET 300-300 MG	5	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	2	EDS
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	5	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
emtricitabine oral capsule 200 mg	2	EDS
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	2	EDS
emtricitabine-tenofovir df oral tablet 200-300 mg	1	EDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	EDS
JULUCA ORAL TABLET 50-25 MG	5	
lamivudine oral solution 10 mg/ml	4	EDS
lamivudine oral tablet 150 mg, 300 mg	2	EDS
lamivudine-zidovudine oral tablet 150-300 mg	2	EDS
ODEFSEY ORAL TABLET 200-25-25 MG	5	
tenofovir disoproxil fumarate oral tablet 300 mg	2	EDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	4	EDS
VIREAD ORAL POWDER 40 MG/GM	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
zidovudine oral capsule 100 mg	2	EDS
zidovudine oral syrup 50 mg/5ml	2	EDS
zidovudine oral tablet 300 mg	2	EDS
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	
maraviroc oral tablet 150 mg, 300 mg	5	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	
SELZENTRY ORAL SOLUTION 20 MG/ML	5	
SUNLENCA ORAL TABLET 300 MG	5	LA
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	5	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	4	EDS
TYBOST ORAL TABLET 150 MG	3	EDS
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS ORAL CAPSULE 250 MG	5	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	3	EDS
darunavir oral tablet 600 mg	4	EDS
darunavir oral tablet 800 mg	5	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
EVOTAZ ORAL TABLET 300-150 MG	5	
fosamprenavir calcium oral tablet 700 mg	5	
KALETRA ORAL SOLUTION 400-100 MG/5ML	4	EDS
lopinavir-ritonavir oral solution 400-100 mg/5ml	4	EDS
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	2	EDS
NORVIR ORAL PACKET 100 MG	4	EDS
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	5	
PREZISTA ORAL SUSPENSION 100 MG/ML	5	
PREZISTA ORAL TABLET 150 MG	5	
PREZISTA ORAL TABLET 75 MG	4	EDS
REYATAZ ORAL PACKET 50 MG	5	
ritonavir oral tablet 100 mg	2	EDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	
Anti-Influenza Agents		
amantadine hcl oral capsule 100 mg	2	EDS
amantadine hcl oral solution 50 mg/5ml	2	EDS
amantadine hcl oral tablet 100 mg	2	EDS
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	2	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	
rimantadine hcl oral tablet 100 mg	2	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	4	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	4	
Antiviral, Coronavirus Agents		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	3	QL (80 EA per 365 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	3	QL (44 EA per 365 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	3	QL (120 EA per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	EDS
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	2	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	4	
Benzodiazepines		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	4	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	2	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	2	EDS
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	EDS
diazepam intensol oral concentrate 5 mg/ml	2	
diazepam oral solution 5 mg/5ml	2	
diazepam oral tablet 10 mg, 2 mg, 5 mg	2	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	2	
Bipolar Agents		
Bipolar Agents, Other		
asenapine maleate sublingual tablet sublingual 10 mg	4	EDS
asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg	4	QL (60 EA per 30 days); EDS
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	2	EDS
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	2	EDS
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	4	EDS
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	2	EDS
risperidone oral solution 1 mg/ml	2	EDS
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	EDS
risperidone oral tablet dispersible 0.25 mg, 0.5 mg	3	QL (90 EA per 30 days); EDS
risperidone oral tablet dispersible 1 mg, 2 mg	3	QL (30 EA per 30 days); EDS
risperidone oral tablet dispersible 3 mg, 4 mg	3	EDS
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	2	EDS
Mood Stabilizers		
carbamazepine oral suspension 100 mg/5ml	3	EDS
carbamazepine oral tablet 200 mg	2	EDS
carbamazepine oral tablet chewable 100 mg	2	EDS
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	2	EDS
divalproex sodium oral capsule delayed release sprinkle 125 mg	2	EDS
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	2	EDS
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	2	EDS
lithium carbonate er oral tablet extended release 300 mg, 450 mg	2	EDS
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	2	EDS
lithium carbonate oral tablet 300 mg	2	EDS
lithium oral solution 8 meq/5ml	2	EDS
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	2	EDS
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral tablet 100 mg, 25 mg, 50 mg	2	EDS
colesevelam hcl oral packet 3.75 gm	2	EDS
colesevelam hcl oral tablet 625 mg	2	EDS
dapagliflozin propanediol oral tablet 10 mg	3	EDS
dapagliflozin propanediol oral tablet 5 mg	3	QL (30 EA per 30 days); EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
FARXIGA ORAL TABLET 10 MG	3	EDS
FARXIGA ORAL TABLET 5 MG	3	QL (30 EA per 30 days); EDS
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	EDS
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	EDS
glipizide oral tablet 10 mg, 5 mg	1	EDS
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	EDS
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	EDS
JANUVIA ORAL TABLET 100 MG	3	EDS
JANUVIA ORAL TABLET 25 MG, 50 MG	3	QL (30 EA per 30 days); EDS
JARDIANCE ORAL TABLET 10 MG	3	QL (30 EA per 30 days); EDS
JARDIANCE ORAL TABLET 25 MG	3	EDS
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	EDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	EDS
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	1	EDS
metformin hcl oral solution 500 mg/5ml	4	EDS
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	EDS
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA New Starts; QL (2 ML per 28 days); EDS
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	3	PA New Starts; QL (2 ML per 365 days)
nateglinide oral tablet 120 mg, 60 mg	2	EDS
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA New Starts; QL (3 ML per 28 days); EDS
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA New Starts; QL (3 ML per 28 days); EDS
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA New Starts; QL (3 ML per 28 days); EDS
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	1	EDS
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	2	EDS
repaglinide oral tablet 0.5 mg, 1 mg	2	QL (150 EA per 30 days); EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
repaglinide oral tablet 2 mg	2	EDS
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG	3	PA New Starts; QL (60 EA per 365 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 4 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
RYBELSUS (FORMULATION R2) ORAL TABLET 9 MG	3	PA New Starts; EDS
RYBELSUS ORAL TABLET 14 MG	3	PA New Starts; EDS
RYBELSUS ORAL TABLET 3 MG	3	PA New Starts; QL (60 EA per 365 days)
RYBELSUS ORAL TABLET 7 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	EDS
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	EDS
TRADJENTA ORAL TABLET 5 MG	3	EDS
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG	3	EDS
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	PA New Starts; QL (2 ML per 28 days); EDS
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	EDS
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	3	
diazoxide oral suspension 50 mg/ml	5	
glucagon emergency injection kit 1 mg	2	
glucagon emergency injection solution reconstituted 1 mg/ml	2	
Insulins		
insulin syringe 28-gauge	2	
insulin syringe 29-gauge	2	
gauze pad (sterile) 2"x2"	2	
pen needle	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	EDS
FIASP INJECTION SOLUTION 100 UNIT/ML	3	EDS
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	EDS
HUMALOG INJECTION SOLUTION 100 UNIT/ML	3	EDS
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	EDS
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	3	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	3	EDS
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	3	EDS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	EDS
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	EDS
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	EDS
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	EDS
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	3	EDS
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	EDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	3	EDS
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	EDS
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML	3	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	EDS
insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml	3	EDS
insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml	3	
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	3	EDS
insulin lispro injection solution 100 unit/ml	3	EDS
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	3	EDS
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	3	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	EDS
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	EDS
LYUMJEV INJECTION SOLUTION 100 UNIT/ML	3	EDS
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	EDS
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	EDS
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	EDS
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	3	EDS
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	EDS
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	QL (15 EA per 30 days); EDS
OMNIPOD DASH INTRO (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (15 EA per 30 days); EDS
insulin syringe 30-gauge	2	
insulin syringe 31-gauge	2	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	QL (15 ML per 25 days); EDS
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	EDS
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	EDS
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	EDS
V-GO 20 KIT 20 UNIT/24HR	3	EDS
V-GO 30 KIT 30 UNIT/24HR	3	EDS
V-GO 40 KIT 40 UNIT/24HR	3	EDS
Blood Products And Modifiers		
Anticoagulants		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	2	EDS
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	EDS
enoxaparin sodium injection solution 300 mg/3ml	4	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	4	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	5	
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	2	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	2	
heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml	2	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	EDS
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	EDS
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	EDS
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	EDS
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	
Blood Products And Modifiers, Other		
anagrelide hcl oral capsule 0.5 mg, 1 mg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
eltrombopag olamine oral packet 12.5 mg, 25 mg	5	PA
eltrombopag olamine oral tablet 12.5 mg, 25 mg	5	PA; QL (30 EA per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	5	PA
FABHALTA ORAL CAPSULE 200 MG	5	PA; LA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	PA
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	5	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
VOYDEYA ORAL TABLET 100 MG	5	PA; LA
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG	5	PA; LA; QL (180 EA per 30 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	
Hemostasis Agents		
tranexamic acid oral tablet 650 mg	2	
Platelet Modifying Agents		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	4	EDS
CABLIVI INJECTION KIT 11 MG	5	PA; LA
cilostazol oral tablet 100 mg, 50 mg	2	EDS
clopidogrel bisulfate oral tablet 75 mg	1	EDS
DOPTELET ORAL TABLET 20 MG	5	PA; LA
prasugrel hcl oral tablet 10 mg, 5 mg	2	EDS
ticagrelor oral tablet 60 mg	3	
ticagrelor oral tablet 90 mg	3	EDS
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	2	EDS
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr	4	QL (4 EA per 28 days); EDS
clonidine transdermal patch weekly 0.3 mg/24hr	4	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
droxidopa oral capsule 100 mg	4	QL (90 EA per 30 days)
droxidopa oral capsule 200 mg, 300 mg	4	QL (180 EA per 30 days)
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	2	
VANRAFIA ORAL TABLET 0.75 MG	5	PA; LA; QL (30 EA per 30 days)
Alpha-Adrenergic Blocking Agents		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	EDS
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	2	EDS
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	EDS
Angiotensin Ii Receptor Antagonists		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	EDS
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	EDS
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	EDS
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	EDS
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	EDS
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	EDS
Angiotensin-Converting Enzyme (Ace) Inhibitors		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	EDS
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	4	EDS
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	EDS
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	EDS
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	EDS
moexipril hcl oral tablet 15 mg, 7.5 mg	2	EDS
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	2	EDS
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	EDS
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	EDS
Antiarrhythmics		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	2	EDS
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	4	EDS
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	2	EDS
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	2	EDS
MULTAQ ORAL TABLET 400 MG	3	QL (60 EA per 30 days); EDS
pacerone oral tablet 100 mg, 200 mg, 400 mg	2	EDS
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	2	EDS
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	2	EDS
quinidine gluconate er oral tablet extended release 324 mg	2	EDS
quinidine sulfate oral tablet 200 mg, 300 mg	2	EDS
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	2	EDS
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	2	EDS
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral capsule 200 mg, 400 mg	2	EDS
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	EDS
betaxolol hcl oral tablet 10 mg, 20 mg	2	EDS
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	EDS
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	EDS
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	EDS
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	EDS
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	EDS
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	EDS
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	2	EDS
pindolol oral tablet 10 mg, 5 mg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	2	EDS
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	2	EDS
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	EDS
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	2	EDS
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	EDS
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	2	EDS
nicardipine hcl oral capsule 20 mg, 30 mg	4	EDS
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	2	EDS
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	2	EDS
nimodipine oral capsule 30 mg	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	EDS
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 360 mg, 420 mg	2	EDS
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	EDS
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	2	EDS
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	EDS
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	2	EDS
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	2	EDS
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	EDS
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	4	EDS
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	2	EDS
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	2	EDS
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	2	EDS
Cardiovascular Agents, Other		
acetazolamide oral tablet 125 mg, 250 mg	2	EDS
aliskiren fumarate oral tablet 150 mg, 300 mg	4	ST; EDS
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	EDS
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	EDS
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	EDS
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	2	EDS
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	EDS
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	2	EDS
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	EDS
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	EDS
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	EDS
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; LA; QL (30 EA per 30 days)
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	2	EDS
CORLANOR ORAL SOLUTION 5 MG/5ML	4	PA; Prior authorization not required for cardiologists.; EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
digoxin oral solution 0.05 mg/ml	2	EDS
digoxin oral tablet 125 mcg	2	QL (30 EA per 30 days); EDS
digoxin oral tablet 250 mcg	2	PA; PA not required if under 65 years of age. Prior authorization not required for cardiologists.; EDS
digoxin oral tablet 62.5 mcg	4	QL (30 EA per 30 days); EDS
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	EDS
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	3	EDS
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA; LA; QL (30 EA per 30 days)
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	EDS
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	EDS
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	4	EDS
ivabradine hcl oral tablet 5 mg	4	PA; Prior authorization not required for cardiologists.; QL (60 EA per 30 days); EDS
ivabradine hcl oral tablet 7.5 mg	4	PA; Prior authorization not required for cardiologists.; EDS
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	EDS
LODOCO ORAL TABLET 0.5 MG	4	PA; QL (30 EA per 30 days); EDS
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	EDS
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	2	EDS
metyrosine oral capsule 250 mg	5	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	EDS
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	2	EDS
pentoxifylline er oral tablet extended release 400 mg	2	EDS
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	2	EDS
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg	3	QL (60 EA per 30 days); EDS
sacubitril-valsartan oral tablet 97-103 mg	3	EDS
spironolactone-hctz oral tablet 25-25 mg	1	EDS
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	3	EDS
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	2	EDS
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	3	EDS
triamterene-hctz oral capsule 37.5-25 mg	1	EDS
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	EDS
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	EDS
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	5	PA; Not covered for weight management; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	5	PA; Not covered for weight management; QL (3 ML per 28 days)
Diuretics, Loop		
bumetanide injection solution 0.25 mg/ml	4	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	2	EDS
ethacrynic acid oral tablet 25 mg	4	EDS
furosemide injection solution 10 mg/ml	2	
furosemide oral solution 10 mg/ml, 8 mg/ml	2	EDS
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	EDS
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	2	EDS
Diuretics, Potassium-Sparing		
amiloride hcl oral tablet 5 mg	1	EDS
eplerenone oral tablet 25 mg, 50 mg	2	EDS
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	4	PA; QL (30 EA per 30 days); EDS
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Diuretics, Thiazide		
chlorthalidone oral tablet 25 mg, 50 mg	1	EDS
hydrochlorothiazide oral capsule 12.5 mg	1	EDS
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	EDS
indapamide oral tablet 1.25 mg, 2.5 mg	1	EDS
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	2	EDS
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	2	EDS
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	EDS
fenofibric acid oral capsule delayed release 135 mg, 45 mg	2	EDS
fenofibric acid oral tablet 105 mg, 35 mg	2	EDS
gemfibrozil oral tablet 600 mg	2	EDS
Dyslipidemics, Hmg Coa Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	EDS
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	4	EDS
fluvastatin sodium oral capsule 20 mg, 40 mg	4	EDS
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	EDS
pitavastatin calcium oral tablet 1 mg, 2 mg	2	QL (45 EA per 30 days); EDS
pitavastatin calcium oral tablet 4 mg	2	EDS
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	EDS
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	EDS
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	EDS
simvastatin oral tablet 80 mg	2	PA New Starts; EDS
Dyslipidemics, Other		
cholestyramine light oral packet 4 gm	2	EDS
cholestyramine oral packet 4 gm	2	EDS
colesevelam hcl oral packet 3.75 gm	2	EDS
colesevelam hcl oral tablet 625 mg	2	EDS
colestipol hcl oral packet 5 gm	4	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
colestipol hcl oral tablet 1 gm	2	EDS
ezetimibe oral tablet 10 mg	2	EDS
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	2	EDS
ezetimibe-simvastatin oral tablet 10-80 mg	2	PA New Starts; EDS
icosapent ethyl oral capsule 0.5 gm	3	QL (120 EA per 30 days); EDS
icosapent ethyl oral capsule 1 gm	3	EDS
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	5	PA; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	5	PA; QL (60 EA per 30 days)
NEXLETOL ORAL TABLET 180 MG	3	PA New Starts; EDS
NEXLIZET ORAL TABLET 180-10 MG	3	PA New Starts; EDS
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	2	EDS
omega-3-acid ethyl esters oral capsule 1 gm	4	EDS
prevalite oral packet 4 gm	2	EDS
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	PA New Starts; EDS
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA New Starts; EDS
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA New Starts; EDS
VASCEPA ORAL CAPSULE 0.5 GM	3	QL (120 EA per 30 days); EDS
VASCEPA ORAL CAPSULE 1 GM	3	EDS
Vasodilators, Direct-Acting Arterial		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	EDS
minoxidil oral tablet 10 mg, 2.5 mg	2	EDS
Vasodilators, Direct-Acting Arterial/ Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	EDS
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	EDS
NITRO-BID TRANSDERMAL OINTMENT 2 %	4	EDS
nitroglycerin rectal ointment 0.4 %	4	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	2	EDS
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
nitroglycerin translingual solution 0.4 mg/spray	4	EDS
VERQUVO ORAL TABLET 10 MG	4	PA; EDS
VERQUVO ORAL TABLET 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days); EDS
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	2	EDS
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	2	EDS
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	2	EDS
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	EDS
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	4	QL (30 EA per 30 days); EDS
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	4	QL (30 EA per 30 days); EDS
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	2	EDS
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	4	EDS
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	4	QL (30 EA per 30 days); EDS
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	2	EDS
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	2	EDS
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	4	QL (30 EA per 30 days); EDS
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	4	QL (30 EA per 30 days); EDS
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
methylphenidate hcl er oral tablet extended release 10 mg	4	QL (30 EA per 30 days); EDS
methylphenidate hcl er oral tablet extended release 20 mg	4	QL (90 EA per 30 days); EDS
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	4	QL (30 EA per 30 days); EDS
methylphenidate hcl oral solution 10 mg/5ml	4	EDS
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	2	EDS
methylphenidate hcl oral tablet chewable 10 mg	4	QL (180 EA per 30 days); EDS
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	4	QL (90 EA per 30 days); EDS
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG	5	PA; LA
AUSTEDO ORAL TABLET 6 MG	5	PA; LA; QL (60 EA per 30 days)
AUSTEDO ORAL TABLET 9 MG	5	PA; LA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	PA; QL (90 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; QL (28 EA per 28 days)
FIRDAPSE ORAL TABLET 10 MG	5	PA; LA
gabapentin (once-daily) oral tablet 300 mg	4	QL (90 EA per 30 days); EDS
gabapentin (once-daily) oral tablet 600 mg	4	EDS
NUEDEXTA ORAL CAPSULE 20-10 MG	5	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	5	PA New Starts; LA; QL (50 ML per 28 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	5	PA New Starts; LA; QL (70 ML per 28 days)
riluzole oral tablet 50 mg	2	EDS
SKYCLARYS ORAL CAPSULE 50 MG	5	PA; LA
tetrabenazine oral tablet 12.5 mg	2	QL (30 EA per 30 days); EDS
tetrabenazine oral tablet 25 mg	2	EDS
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	5	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
VEOZAH ORAL TABLET 45 MG	4	PA; EDS
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML	5	PA; LA
Fibromyalgia Agents		
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	EDS
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	2	EDS
pregabalin oral solution 20 mg/ml	4	EDS
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days); EDS
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	
dalfampridine er oral tablet extended release 12 hour 10 mg	3	PA; EDS
dimethyl fumarate oral capsule delayed release 120 mg	2	QL (60 EA per 30 days); EDS
dimethyl fumarate oral capsule delayed release 240 mg	2	EDS
fingolimod hcl oral capsule 0.5 mg	3	EDS
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	3	EDS
glatopa subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	3	EDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	
teriflunomide oral tablet 14 mg	3	EDS
teriflunomide oral tablet 7 mg	3	QL (30 EA per 30 days); EDS
Dental And Oral Agents		
Dental And Oral Agents		
cevimeline hcl oral capsule 30 mg	3	EDS
chlorhexidine gluconate mouth/throat solution 0.12 %	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
doxycycline hyclate oral tablet 20 mg	2	EDS
periogard mouth/throat solution 0.12 %	2	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	2	EDS
triamcinolone acetonide mouth/throat paste 0.1 %	2	
Dermatological Agents		
Acne And Rosacea Agents		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	3	
adapalene external cream 0.1 %	4	PA
adapalene external gel 0.3 %	4	PA
adapalene-benzoyl peroxide external gel 0.1-2.5 %	2	
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
azelaic acid external gel 15 %	2	
brimonidine tartrate external gel 0.33 %	4	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	2	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	Accutane generic covered, Absorica generic is non-formulary
ivermectin external cream 1 %	3	
tazarotene external cream 0.05 %	4	PA
tazarotene external cream 0.1 %	2	PA
tazarotene external gel 0.05 %, 0.1 %	4	PA
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	3	PA
tretinoin external gel 0.01 %, 0.025 %	4	PA
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
Dermatitis And Pruritus Agents		
ala-cort external cream 1 %	2	
alclometasone dipropionate external cream 0.05 %	2	
alclometasone dipropionate external ointment 0.05 %	2	
ammonium lactate external cream 12 %	2	
ammonium lactate external lotion 12 %	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
betamethasone dipropionate aug external cream 0.05 %	2	
betamethasone dipropionate aug external gel 0.05 %	2	
betamethasone dipropionate aug external lotion 0.05 %	2	
betamethasone dipropionate aug external ointment 0.05 %	2	
betamethasone dipropionate external cream 0.05 %	2	
betamethasone dipropionate external lotion 0.05 %	2	
betamethasone dipropionate external ointment 0.05 %	2	
betamethasone valerate external cream 0.1 %	2	
betamethasone valerate external foam 0.12 %	2	
betamethasone valerate external lotion 0.1 %	2	
betamethasone valerate external ointment 0.1 %	2	
clobetasol propionate e external cream 0.05 %	2	
clobetasol propionate external cream 0.05 %	2	
clobetasol propionate external gel 0.05 %	2	
clobetasol propionate external liquid 0.05 %	2	
clobetasol propionate external lotion 0.05 %	2	
clobetasol propionate external ointment 0.05 %	2	
clobetasol propionate external shampoo 0.05 %	2	
clobetasol propionate external solution 0.05 %	2	
clodan external shampoo 0.05 %	2	
desonide external cream 0.05 %	2	
desonide external lotion 0.05 %	4	
desonide external ointment 0.05 %	2	
desoximetasone external cream 0.25 %	2	
desoximetasone external liquid 0.25 %	4	
desoximetasone external ointment 0.25 %	2	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	5	PA
EUCRISA EXTERNAL OINTMENT 2 %	3	ST

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
fluocinolone acetonide body external oil 0.01 %	2	
fluocinolone acetonide external cream 0.01 %, 0.025 %	2	
fluocinolone acetonide external ointment 0.025 %	2	
fluocinolone acetonide external solution 0.01 %	2	
fluocinolone acetonide scalp external oil 0.01 %	2	
fluocinonide emulsified base external cream 0.05 %	2	
fluocinonide external cream 0.05 %, 0.1 %	2	
fluocinonide external gel 0.05 %	2	
fluocinonide external ointment 0.05 %	2	
fluocinonide external solution 0.05 %	2	
fluticasone propionate external cream 0.05 %	2	
fluticasone propionate external ointment 0.005 %	2	
halobetasol propionate external cream 0.05 %	2	
halobetasol propionate external ointment 0.05 %	2	
hydrocortisone (perianal) external cream 2.5 %	2	
hydrocortisone external cream 1 %, 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %, 2.5 %	2	
hydrocortisone valerate external cream 0.2 %	2	
hydrocortisone valerate external ointment 0.2 %	2	
mometasone furoate external cream 0.1 %	2	
mometasone furoate external ointment 0.1 %	2	
mometasone furoate external solution 0.1 %	2	
pimecrolimus external cream 1 %	4	
selenium sulfide external lotion 2.5 %	2	
tacrolimus external ointment 0.03 %, 0.1 %	2	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	4	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	2	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Dermatological Agents, Other		
calcipotriene external cream 0.005 %	2	
calcipotriene external ointment 0.005 %	3	
calcipotriene external solution 0.005 %	2	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	4	
calcipotriene-betameth diprop external suspension 0.005-0.064 %	4	
calcitriol external ointment 3 mcg/gm	4	
clotrimazole-betamethasone external cream 1-0.05 %	2	
clotrimazole-betamethasone external lotion 1-0.05 %	4	
diclofenac sodium external gel 3 %	2	PA; Prior authorization not required for dermatologists or oncologists.
fluorouracil external cream 5 %	2	
fluorouracil external solution 2 %, 5 %	2	
global alcohol prep ease pad 70 %	2	
imiquimod external cream 5 %	2	
methoxsalen rapid oral capsule 10 mg	5	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	2	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	2	
OTEZLA ORAL TABLET 30 MG	5	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA
PANRETIN EXTERNAL GEL 0.1 %	5	PA New Starts
podofilox external gel 0.5 %	4	
podofilox external solution 0.5 %	2	
REGRANEX EXTERNAL GEL 0.01 %	5	
silver sulfadiazine external cream 1 %	2	
ssd external cream 1 %	2	
ZORYVE EXTERNAL CREAM 0.3 %	4	PA; Prior authorization not required for dermatologists.
Pediculicides/Scabicides		
malathion external lotion 0.5 %	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
permethrin external cream 5 %	2	
Topical Anti-Infectives		
acyclovir external ointment 5 %	2	
ciclopirox external gel 0.77 %	2	
ciclopirox external shampoo 1 %	2	
ciclopirox external solution 8 %	2	
ciclopirox olamine external cream 0.77 %	2	
ciclopirox olamine external suspension 0.77 %	2	
clindamycin phos (once-daily) external gel 1 %	2	
clindamycin phos (twice-daily) external gel 1 %	2	
clindamycin phosphate external lotion 1 %	2	
clindamycin phosphate external solution 1 %	2	
clindamycin phosphate external swab 1 %	2	
mupirocin calcium external cream 2 %	4	
mupirocin external ointment 2 %	2	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	4	
tavaborole external solution 5 %	4	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/ Mineral Replacement		
carglumic acid oral tablet soluble 200 mg	5	PA
CLINISOL SF INTRAVENOUS SOLUTION 15 %	3	BD
dextrose in lactated ringers intravenous solution 5 %	2	
dextrose intravenous solution 10 %, 5 %	2	
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	2	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%	2	
kcl-lactated ringers-d5w intravenous solution 20 meq/l	2	
klor-con 10 oral tablet extended release 10 meq	2	EDS
klor-con m10 oral tablet extended release 10 meq	2	EDS
klor-con m15 oral tablet extended release 15 meq	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
klor-con m20 oral tablet extended release 20 meq	2	EDS
klor-con oral packet 20 meq	2	EDS
klor-con oral tablet extended release 8 meq	2	EDS
lactated ringers intravenous solution	2	
magnesium sulfate injection solution 50 %	2	
multiple electro type 1 ph 7.4 intravenous solution	4	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	2	EDS
potassium chloride er oral capsule extended release 10 meq, 8 meq	2	EDS
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	2	EDS
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	2	
potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml	2	
potassium chloride oral packet 20 meq	2	EDS
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	2	EDS
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	2	EDS
potassium cl in dextrose 5% intravenous solution 20 meq/l	2	
PREMASOL INTRAVENOUS SOLUTION 10 %	3	BD
ringers intravenous solution	2	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	2	
sodium chloride irrigation solution 0.9 %	2	
sodium fluoride oral tablet 2.2 (1 f) mg	2	EDS
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE 100 MG	4	
deferasirox oral tablet 180 mg, 360 mg, 90 mg	3	EDS
deferasirox oral tablet soluble 125 mg	4	PA; EDS
deferasirox oral tablet soluble 250 mg, 500 mg	5	PA
deferiprone oral tablet 1000 mg, 500 mg	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
penicillamine oral capsule 250 mg	5	
penicillamine oral tablet 250 mg	5	
tolvaptan oral tablet 15 mg	5	PA; QL (60 EA per 30 days)
tolvaptan oral tablet 15 mgtolvaptan (hyponatremia)	5	PA; QL (30 EA per 30 days)
tolvaptan oral tablet 30 mg, 30 mgtolvaptan (hyponatremia)	5	PA
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg	5	PA; QL (60 EA per 30 days)
tolvaptan oral tablet therapy pack 90 & 30 mg	5	PA
trientine hcl oral capsule 250 mg	5	
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	4	BD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	BD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	BD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	BD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	BD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	BD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	BD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	BD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	BD
levocarnitine oral solution 1 gm/10ml	2	EDS
levocarnitine oral tablet 330 mg	4	EDS
tpn electrolytes intravenous concentrate	2	
Potassium Binders		
LOKELMA ORAL PACKET 10 GM, 5 GM	3	EDS
sodium polystyrene sulfonate oral powder	2	
sps (sodium polystyrene sulf) combination suspension 15 gm/60ml	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
sps (sodium polystyrene sulf) rectal suspension 30 gm/120ml	2	
Vitamins		
PRENATAL ORAL TABLET 27-1 MG	3	
Excluded Drug		
Excluded Drug		
cyanocobalamin injection solution 1000 mcg/ml	2	ENH; QL (4 ML per 28 days)
folic acid oral tablet 1 mg	2	ENH; EDS
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	ENH; QL (10 EA per 30 days)
tadalafil oral tablet 10 mg, 20 mg (ed)	2	ENH; QL (6 EA per 30 days)
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	2	ENH; EDS
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose oral solution 10 gm/15ml	2	EDS
enulose oral solution 10 gm/15ml	2	EDS
generlac oral solution 10 gm/15ml	2	EDS
lactulose oral solution 10 gm/15ml	2	EDS
LINZESS ORAL CAPSULE 145 MCG, 72 MCG	3	QL (30 EA per 30 days); EDS
LINZESS ORAL CAPSULE 290 MCG	3	EDS
lubiprostone oral capsule 24 mcg	3	EDS
lubiprostone oral capsule 8 mcg	3	QL (60 EA per 30 days); EDS
MOVANTIK ORAL TABLET 12.5 MG	3	QL (30 EA per 30 days)
MOVANTIK ORAL TABLET 25 MG	3	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	2	
Anti-Diarrheal Agents		
alosetron hcl oral tablet 0.5 mg	4	QL (60 EA per 30 days); EDS
alosetron hcl oral tablet 1 mg	4	EDS
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	2	
loperamide hcl oral capsule 2 mg	2	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	5	PA
VIBERZI ORAL TABLET 100 MG, 75 MG	5	PA
XERMELO ORAL TABLET 250 MG	5	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Antispasmodics, Gastrointestinal		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	4	
dicyclomine hcl oral capsule 10 mg	2	
dicyclomine hcl oral solution 10 mg/5ml	4	
dicyclomine hcl oral tablet 20 mg	2	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	2	
Gastrointestinal Agents, Other		
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	4	
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	5	PA; LA
CHENODAL ORAL TABLET 250 MG	5	PA; LA
EOHILIA ORAL SUSPENSION 2 MG/10ML	5	PA; QL (600 ML per 30 days)
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA; LA
gavilyte-c oral solution reconstituted 240 gm	2	
gavilyte-g oral solution reconstituted 236 gm	2	
metoclopramide hcl oral solution 5 mg/5ml	2	
metoclopramide hcl oral tablet 10 mg, 5 mg	2	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	2	
peg-3350/electrolytes oral solution reconstituted 236 gm	2	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	4	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5	PA; LA
SUTAB ORAL TABLET 1479-225-188 MG	3	
ursodiol oral capsule 300 mg	2	EDS
ursodiol oral tablet 250 mg, 500 mg	2	EDS
VELSIPITY ORAL TABLET 2 MG	5	PA
VOQUEZNA ORAL TABLET 10 MG	4	PA; QL (30 EA per 30 days); EDS
VOQUEZNA ORAL TABLET 20 MG	4	PA; EDS
VOWST ORAL CAPSULE	5	PA; LA; QL (12 EA per 3 days)
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	5	PA
Histamine2 (H2) Receptor Antagonists		
cimetidine oral tablet 200 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
cimetidine oral tablet 300 mg, 400 mg, 800 mg	2	EDS
famotidine oral suspension reconstituted 40 mg/5ml	2	EDS
famotidine oral tablet 20 mg, 40 mg	1	EDS
nizatidine oral capsule 150 mg, 300 mg	2	EDS
Protectants		
misoprostol oral tablet 100 mcg, 200 mcg	2	EDS
sucralfate oral suspension 1 gm/10ml	4	EDS
sucralfate oral tablet 1 gm	2	EDS
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	2	EDS
lansoprazole oral capsule delayed release 15 mg, 30 mg	2	EDS
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	2	EDS
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	2	EDS
rabeprazole sodium oral tablet delayed release 20 mg	2	EDS
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
AQNEURSA ORAL PACKET 1 GM	5	PA; LA
betaine oral powder	5	EDS
CERDELGA ORAL CAPSULE 84 MG	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	5	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	EDS
cromolyn sodium oral concentrate 100 mg/5ml	2	EDS
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	LA; EDS
dichlorphenamide oral tablet 50 mg	5	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	EDS
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
EVRYSDI ORAL TABLET 5 MG	5	PA; LA
javygtor oral packet 100 mg, 500 mg	5	PA
javygtor oral tablet 100 mg	5	PA
JOENJA ORAL TABLET 70 MG	5	PA; LA
l-glutamine oral packet 5 gm	5	PA New Starts
miglustat oral capsule 100 mg	5	PA
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	5	PA
ormalvi oral tablet 50 mg	5	PA
PHEBURANE ORAL PELLET 483 MG/GM	5	PA; LA
PLENAMINE INTRAVENOUS SOLUTION 15 %	3	BD
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5	PA; LA
sapropterin dihydrochloride oral packet 100 mg, 500 mg	5	PA
sapropterin dihydrochloride oral tablet 100 mg	5	PA
sodium phenylbutyrate oral powder 3 gm/tsp	5	
sodium phenylbutyrate oral tablet 500 mg	5	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	5	PA; LA
SUCRAID ORAL SOLUTION 8500 UNIT/ML	5	PA; LA
VIJOICE ORAL PACKET 50 MG	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; QL (56 EA per 28 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; LA
VYNDAQEL ORAL CAPSULE 20 MG	5	PA; LA
XURIDEN ORAL PACKET 2 GM	5	PA
yargesa oral capsule 100 mg	5	PA
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	2	QL (30 EA per 30 days); EDS
flavoxate hcl oral tablet 100 mg	2	EDS
mirabegron er oral tablet extended release 24 hour 25 mg	3	QL (30 EA per 30 days); EDS
mirabegron er oral tablet extended release 24 hour 50 mg	3	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
oxybutynin chloride oral tablet 5 mg	2	
trospium chloride er oral capsule extended release 24 hour 60 mg	2	QL (30 EA per 30 days); EDS
trospium chloride oral tablet 20 mg	2	EDS
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	EDS
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	EDS
dutasteride oral capsule 0.5 mg	1	EDS
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	4	EDS
finasteride oral tablet 5 mg	2	EDS
silodosin oral capsule 4 mg, 8 mg	2	EDS
tadalafil oral tablet 2.5 mg, 5 mg	2	PA; QL (30 EA per 30 days); EDS
tamsulosin hcl oral capsule 0.4 mg	1	EDS
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	EDS
Genitourinary Agents, Other		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	2	
ELMIRON ORAL CAPSULE 100 MG	5	
RENACIDIN IRRIGATION SOLUTION	3	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	5	PA
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML	5	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML	5	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML	5	PA
dexamethasone oral solution 0.5 mg/5ml	4	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	2	
fludrocortisone acetate oral tablet 0.1 mg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	
methylprednisolone oral tablet therapy pack 4 mg	2	
prednisolone oral solution 15 mg/5ml	4	
prednisolone sodium phosphate oral solution 15 mg/5ml	2	
prednisone oral solution 5 mg/5ml	4	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	2	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	2	EDS
desmopressin acetate spray nasal solution 0.01 %	2	EDS
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; LA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	5	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Androgens		
danazol oral capsule 100 mg, 200 mg, 50 mg	2	
METHITEST ORAL TABLET 10 MG	5	
methyltestosterone oral capsule 10 mg	5	
testosterone cypionate injection solution 200 mg/ml	2	EDS
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	2	EDS
testosterone enanthate intramuscular solution 200 mg/ml	2	EDS
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	4	PA; EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
testosterone transdermal gel 20.25 mg/act (1.62%)	2	PA; EDS
testosterone transdermal solution 30 mg/act	4	PA; EDS
Estrogens		
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	4	
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	QL (8 EA per 28 days); EDS
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	2	EDS
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	4	EDS
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	QL (8 EA per 28 days); EDS
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	QL (4 EA per 28 days); EDS
estradiol vaginal cream 0.1 mg/gm	2	EDS
estradiol vaginal tablet 10 mcg	2	EDS
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	2	
ESTRING VAGINAL RING 7.5 MCG/24HR	4	EDS
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	4	EDS
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	QL (8 EA per 28 days); EDS
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	EDS
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	EDS
PREMPHASE ORAL TABLET 0.625-5 MG	3	EDS
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	EDS
yuvafem vaginal tablet 10 mcg	2	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
abigale lo oral tablet 0.5-0.1 mg	2	EDS
abigale oral tablet 1-0.5 mg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
altavera oral tablet 0.15-30 mg-mcg	2	EDS
alyacen 1/35 oral tablet 1-35 mg-mcg	2	EDS
apri oral tablet 0.15-30 mg-mcg	2	EDS
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	2	EDS
ashlyna oral tablet 0.15-0.03 &0.01 mg	2	EDS
aviane oral tablet 0.1-20 mg-mcg	2	EDS
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	2	EDS
balziva oral tablet 0.4-35 mg-mcg	2	EDS
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	2	EDS
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	EDS
blisovi fe 1/20 oral tablet 1-20 mg-mcg	2	EDS
briellyn oral tablet 0.4-35 mg-mcg	2	EDS
camrese lo oral tablet 0.1-0.02 & 0.01 mg	2	EDS
camrese oral tablet 0.15-0.03 &0.01 mg	2	EDS
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	4	QL (8 EA per 28 days); EDS
cryselle-28 oral tablet 0.3-30 mg-mcg	2	EDS
cyred eq oral tablet 0.15-30 mg-mcg	2	EDS
daysee oral tablet 0.15-0.03 &0.01 mg	2	EDS
delyla oral tablet 0.1-20 mg-mcg	2	EDS
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	EDS
dolishale oral tablet 90-20 mcg	2	EDS
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	2	EDS
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	4	EDS
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	2	EDS
eluryng vaginal ring 0.12-0.015 mg/24hr	2	EDS
enilloring vaginal ring 0.12-0.015 mg/24hr	2	EDS
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	2	EDS
enskyce oral tablet 0.15-30 mg-mcg	2	EDS
estarylla oral tablet 0.25-35 mg-mcg	2	EDS
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	2	EDS
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	2	EDS
falmina oral tablet 0.1-20 mg-mcg	2	EDS
feirza 1.5/30 oral tablet 1.5-30 mg-mcg	2	EDS
feirza 1/20 oral tablet 1-20 mg-mcg	2	EDS
finzala oral tablet chewable 1-20 mg-mcg(24)	2	EDS
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	EDS
galbriela oral tablet chewable 0.8-25 mg-mcg	2	EDS
gemmily oral capsule 1-20 mg-mcg(24)	2	EDS
hailey 24 fe oral tablet 1-20 mg-mcg(24)	2	EDS
haloette vaginal ring 0.12-0.015 mg/24hr	2	EDS
iclevia oral tablet 0.15-0.03 mg	2	EDS
introvale oral tablet 0.15-0.03 mg	2	EDS
isibloom oral tablet 0.15-30 mg-mcg	2	EDS
jaimiess oral tablet 0.15-0.03 &0.01 mg	2	EDS
jasmiel oral tablet 3-0.02 mg	2	EDS
jinteli oral tablet 1-5 mg-mcg	2	EDS
jolessa oral tablet 0.15-0.03 mg	2	EDS
joyeaux oral tablet 0.1-20 mg-mcg(21)	2	EDS
juleber oral tablet 0.15-30 mg-mcg	2	EDS
junel 1.5/30 oral tablet 1.5-30 mg-mcg	2	EDS
junel 1/20 oral tablet 1-20 mg-mcg	2	EDS
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	EDS
junel fe 1/20 oral tablet 1-20 mg-mcg	2	EDS
junel fe 24 oral tablet 1-20 mg-mcg(24)	2	EDS
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	2	EDS
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	2	EDS
kelnor 1/35 oral tablet 1-35 mg-mcg	2	EDS
kelnor 1/50 oral tablet 1-50 mg-mcg	2	EDS
kurvelo oral tablet 0.15-30 mg-mcg	2	EDS
larin 1.5/30 oral tablet 1.5-30 mg-mcg	2	EDS
larin 1/20 oral tablet 1-20 mg-mcg	2	EDS
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	EDS
larin fe 1/20 oral tablet 1-20 mg-mcg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
layolis fe oral tablet chewable 0.8-25 mg-mcg	2	EDS
leena oral tablet 0.5/1/0.5-35 mg-mcg	2	EDS
lessina oral tablet 0.1-20 mg-mcg	2	EDS
levonest oral tablet 50-30/75-40/ 125-30 mcg	2	EDS
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	2	EDS
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	2	EDS
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	2	EDS
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	2	EDS
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	2	EDS
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	2	EDS
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	4	EDS
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	2	EDS
loryna oral tablet 3-0.02 mg	2	EDS
low-ogestrel oral tablet 0.3-30 mg-mcg	2	EDS
lutera oral tablet 0.1-20 mg-mcg	2	EDS
marlissa oral tablet 0.15-30 mg-mcg	2	EDS
merzee oral capsule 1-20 mg-mcg(24)	2	EDS
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	2	EDS
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	2	EDS
microgestin 1/20 oral tablet 1-20 mg-mcg	2	EDS
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	EDS
microgestin fe 1/20 oral tablet 1-20 mg-mcg	2	EDS
mili oral tablet 0.25-35 mg-mcg	2	EDS
mimvey oral tablet 1-0.5 mg	2	EDS
minzoya oral tablet 0.1-20 mg-mcg(21)	2	EDS
mono-linyah oral tablet 0.25-35 mg-mcg	2	EDS
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	2	EDS
necon 1/35 (28) oral tablet 1-35 mg-mcg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	3	
nikki oral tablet 3-0.02 mg	2	EDS
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	2	EDS
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	2	EDS
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	2	EDS
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	2	EDS
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	2	EDS
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	EDS
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	2	EDS
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	2	EDS
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	2	EDS
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	2	EDS
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	2	EDS
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	2	EDS
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	2	EDS
nylia 1/35 oral tablet 1-35 mg-mcg	2	EDS
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	2	EDS
ocella oral tablet 3-0.03 mg	2	EDS
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	2	EDS
portia-28 oral tablet 0.15-30 mg-mcg	2	EDS
reclipsen oral tablet 0.15-30 mg-mcg	2	EDS
rivelsa oral tablet 42-21-21-7 days	2	EDS
rosyrah oral tablet 42-21-21-7 days	2	EDS
setlakin oral tablet 0.15-0.03 mg	2	EDS
solia oral tablet 0.15-30 mg-mcg	2	EDS
sprintec 28 oral tablet 0.25-35 mg-mcg	2	EDS
sronyx oral tablet 0.1-20 mg-mcg	2	EDS
syeda oral tablet 3-0.03 mg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
tarina 24 fe oral tablet 1-20 mg-mcg(24)	2	EDS
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	2	EDS
taysofy oral capsule 1-20 mg-mcg(24)	2	EDS
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	2	EDS
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	2	EDS
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	2	EDS
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	2	EDS
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	2	EDS
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	2	EDS
trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg	2	EDS
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	2	EDS
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	2	EDS
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	2	EDS
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	2	EDS
turqoz oral tablet 0.3-30 mg-mcg	2	EDS
tyblume oral tablet chewable 0.1-20 mg-mcg	2	EDS
valtya 1/50 oral tablet 1-50 mg-mcg	2	EDS
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	2	EDS
vestura oral tablet 3-0.02 mg	2	EDS
vienva oral tablet 0.1-20 mg-mcg	2	EDS
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	2	EDS
vyfemla oral tablet 0.4-35 mg-mcg	2	EDS
vylibra oral tablet 0.25-35 mg-mcg	2	EDS
wymzya fe oral tablet chewable 0.4-35 mg-mcg	2	EDS
xarah fe oral tablet 1-20/1-30/1-35 mg-mcg	2	EDS
xelria fe oral tablet chewable 0.4-35 mg-mcg	2	EDS
xulane transdermal patch weekly 150-35 mcg/24hr	2	EDS
zafemy transdermal patch weekly 150-35 mcg/24hr	2	EDS
zovia 1/35 (28) oral tablet 1-35 mg-mcg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Progestins		
camila oral tablet 0.35 mg	2	EDS
deblitane oral tablet 0.35 mg	2	EDS
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	3	
errin oral tablet 0.35 mg	2	EDS
gallifrey oral tablet 5 mg	2	EDS
heather oral tablet 0.35 mg	2	EDS
incassia oral tablet 0.35 mg	2	EDS
lyleq oral tablet 0.35 mg	2	EDS
lyza oral tablet 0.35 mg	2	EDS
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	2	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	2	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	2	EDS
megestrol acetate oral suspension 40 mg/ml	2	PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists.; EDS
megestrol acetate oral suspension 625 mg/5ml	4	PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists.; EDS
megestrol acetate oral tablet 20 mg, 40 mg	2	
meleya oral tablet 0.35 mg	2	EDS
nora-be oral tablet 0.35 mg	2	EDS
norethindrone acetate oral tablet 5 mg	2	EDS
norethindrone oral tablet 0.35 mg	2	EDS
norlyroc oral tablet 0.35 mg	2	EDS
orquidea oral tablet 0.35 mg	2	EDS
progesterone oral capsule 100 mg, 200 mg	2	EDS
sharobel oral tablet 0.35 mg	2	EDS
SLYND ORAL TABLET 4 MG	4	EDS
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET 0.45-20 MG	4	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
raloxifene hcl oral tablet 60 mg	2	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	EDS
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	EDS
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	2	EDS
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	2	EDS
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	EDS
Hormonal Agents, Suppressant (Adrenal Or Pituitary)		
Hormonal Agents, Suppressant (Adrenal Or Pituitary)		
bromocriptine mesylate oral tablet 2.5 mg	2	EDS
cabergoline oral tablet 0.5 mg	2	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	3	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	3	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	
leuprolide acetate injection kit 1 mg/0.2ml	2	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
mifepristone oral tablet 300 mg	5	PA New Starts
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	3	EDS
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	5	PA
ORILISSA ORAL TABLET 150 MG	5	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	5	PA
RECORLEV ORAL TABLET 150 MG	5	PA; LA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; LA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; LA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	4	ST
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral tablet 10 mg, 5 mg	2	EDS
propylthiouracil oral tablet 50 mg	2	EDS
Immunological Agents		
Angioedema Agents		
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	5	PA New Starts; LA
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	5	PA New Starts
sajazir subcutaneous solution prefilled syringe 30 mg/3ml	5	PA New Starts
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	5	PA New Starts; LA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA New Starts; LA
Immunoglobulins		
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML, 5 GM/50ML	5	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	PA
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	2	
Immunological Agents, Other		
auranofin oral capsule 3 mg	3	EDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	5	PA; LA
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	QL (450 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	5	QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	5	
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	4	EDS
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	5	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	
SOTYKTU ORAL TABLET 6 MG	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA
ustekinumab subcutaneous solution 45 mg/0.5ml	5	PA
ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	5	PA
XELJANZ ORAL SOLUTION 1 MG/ML	5	
XELJANZ ORAL TABLET 10 MG	5	
XELJANZ ORAL TABLET 5 MG	5	QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	5	QL (30 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	5	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	5	PA; LA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious diseases specialists.
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious diseases specialists.
Immunosuppressants		
adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml, 80 mg/0.8ml	5	
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml	5	
adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml	5	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml	5	
adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml	5	
adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml	5	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	4	BD; EDS
azathioprine oral tablet 50 mg	2	BD; EDS
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	3	BD; EDS
cyclosporine modified oral solution 100 mg/ml	3	BD; EDS
cyclosporine oral capsule 100 mg, 25 mg	4	BD; EDS
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	4	BD; EDS
everolimus oral tablet 0.25 mg	4	BD; EDS
everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg	5	BD
gengraf oral capsule 100 mg, 25 mg	3	BD; EDS
gengraf oral solution 100 mg/ml	3	BD; EDS
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	5	
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	5	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA
leflunomide oral tablet 10 mg, 20 mg	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
methotrexate sodium (pf) injection solution 250 mg/10ml, 50 mg/2ml	2	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	2	
methotrexate sodium oral tablet 2.5 mg	1	EDS
mycophenolate mofetil oral capsule 250 mg	2	BD; EDS
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	4	BD; EDS
mycophenolate mofetil oral tablet 500 mg	2	BD; EDS
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	2	BD; EDS
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	BD; EDS
REZUROCK ORAL TABLET 200 MG	5	PA New Starts; LA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	5	
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	5	
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML	5	
sirolimus oral solution 1 mg/ml	4	BD; EDS
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	4	BD; EDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	2	BD; EDS
TAVNEOS ORAL CAPSULE 10 MG	5	PA; LA
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA New Starts
tyenne subcutaneous solution auto-injector 162 mg/0.9ml	5	PA
tyenne subcutaneous solution prefilled syringe 162 mg/0.9ml	5	PA
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	2	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	2	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	2	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	2	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	2	BD
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	2	BD
ERVEBO INTRAMUSCULAR SUSPENSION	2	
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	2	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	2	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	2	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	2	BD
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	2	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	2	BD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	2	
IPOL INJECTION INJECTABLE	2	
IXIARO INTRAMUSCULAR SUSPENSION	2	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	2	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	2	
MENVEO INTRAMUSCULAR SOLUTION	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	2	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	2	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	2	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL INTRAMUSCULAR SUSPENSION	2	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	BD
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	2	BD
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	2	BD
ROTARIX ORAL SUSPENSION	2	
ROTATEQ ORAL SOLUTION	2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	2	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	2	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	2	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	2	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	2	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	2	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	2	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	2	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	2	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	2	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium oral capsule 750 mg	2	
mesalamine er oral capsule extended release 24 hour 0.375 gm	4	EDS
mesalamine oral capsule delayed release 400 mg	4	EDS
mesalamine oral tablet delayed release 1.2 gm	4	EDS
mesalamine rectal enema 4 gm	4	
mesalamine rectal suppository 1000 mg	3	
sulfasalazine oral tablet 500 mg	2	EDS
sulfasalazine oral tablet delayed release 500 mg	2	EDS
Glucocorticoids		
budesonide er oral tablet extended release 24 hour 9 mg	5	
budesonide oral capsule delayed release particles 3 mg	2	
budesonide rectal foam 2 mg	4	
hydrocortisone rectal enema 100 mg/60ml	4	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
proctosol hc external cream 2.5 %	2	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium oral solution 70 mg/75ml	2	EDS
alendronate sodium oral tablet 10 mg, 5 mg	2	EDS
alendronate sodium oral tablet 35 mg, 70 mg	1	EDS
calcitonin (salmon) nasal solution 200 unit/act	2	EDS
calcitriol oral capsule 0.25 mcg, 0.5 mcg	2	EDS
calcitriol oral solution 1 mcg/ml	2	EDS
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	2	EDS
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	4	ST; EDS
ibandronate sodium oral tablet 150 mg	1	EDS
jubbonti subcutaneous solution prefilled syringe 60 mg/ml	4	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	2	EDS
risedronate sodium oral tablet 150 mg, 35 mg, 5 mg	2	EDS
risedronate sodium oral tablet 30 mg	2	
risedronate sodium oral tablet delayed release 35 mg	2	EDS
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	5	PA
wyost subcutaneous solution 120 mg/1.7ml	5	
Non-Frf		
Non-Frf		
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	5	PA New Starts; LA
fidaxomicin oral tablet 200 mg	5	
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate ophthalmic solution 1 %	2	EDS
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	2	
cyclosporine ophthalmic emulsion 0.05 %	3	EDS
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	5	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	3	QL (3 ML per 30 days); EDS
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	4	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	3	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	2	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	5	PA; QL (10 ML per 42 days)
XIIDRA OPHTHALMIC SOLUTION 5 %	3	EDS
Ophthalmic Anti-Allergy Agents		
azelastine hcl ophthalmic solution 0.05 %	2	
cromolyn sodium ophthalmic solution 4 %	2	
epinastine hcl ophthalmic solution 0.05 %	3	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	2	
Ophthalmic Anti-Infectives		
bacitracin ophthalmic ointment 500 unit/gm	2	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	
ciprofloxacin hcl ophthalmic solution 0.3 %	2	
erythromycin ophthalmic ointment 5 mg/gm	2	
gatifloxacin ophthalmic solution 0.5 %	2	
gentamicin sulfate ophthalmic solution 0.3 %	2	
levofloxacin ophthalmic solution 0.5 %	2	
moxifloxacin hcl ophthalmic solution 0.5 %	2	
NATACYN OPHTHALMIC SUSPENSION 5 %	3	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	2	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2	
ofloxacin ophthalmic solution 0.3 %	2	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	2	
sulfacetamide sodium ophthalmic ointment 10 %	4	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
sulfacetamide sodium ophthalmic solution 10 %	2	
tobramycin ophthalmic solution 0.3 %	2	
trifluridine ophthalmic solution 1 %	3	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
Ophthalmic Anti-Inflammatories		
bromfenac sodium ophthalmic solution 0.07 %	2	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	2	
diclofenac sodium ophthalmic solution 0.1 %	2	
difluprednate ophthalmic emulsion 0.05 %	3	
fluorometholone ophthalmic suspension 0.1 %	2	
flurbiprofen sodium ophthalmic solution 0.03 %	2	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	2	
loteprednol etabonate ophthalmic gel 0.5 %	3	
loteprednol etabonate ophthalmic suspension 0.5 %	3	
prednisolone acetate ophthalmic suspension 1 %	2	
prednisolone sodium phosphate ophthalmic solution 1 %	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl ophthalmic solution 0.5 %	2	EDS
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	4	EDS
carteolol hcl ophthalmic solution 1 %	1	EDS
levobunolol hcl ophthalmic solution 0.5 %	1	EDS
timolol maleate (once-daily) ophthalmic solution 0.5 %	3	EDS
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	2	EDS
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	EDS
timolol maleate ophthalmic solution 0.25 %, 0.5 % (preservative-free)	4	EDS
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er oral capsule extended release 12 hour 500 mg	2	EDS
apraclonidine hcl ophthalmic solution 0.5 %	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %	3	EDS
brimonidine tartrate ophthalmic solution 0.2 %	2	EDS
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	3	EDS
dorzolamide hcl ophthalmic solution 2 %	2	EDS
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	2	EDS
dorzolamide-timolol ophthalmic solution (preservative-free) 2-0.5 %	3	EDS
IOPIDINE OPHTHALMIC SOLUTION 1 %	4	
methazolamide oral tablet 25 mg, 50 mg	4	EDS
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	EDS
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	EDS
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	3	EDS
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	EDS
Ophthalmic Prostaglandin And Prostamide Analogs		
bimatoprost ophthalmic solution 0.03% (glaucoma)	2	EDS
latanoprost ophthalmic solution 0.005 %	1	EDS
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	EDS
travoprost (bak free) ophthalmic solution 0.004 %	4	EDS
Otic Agents		
Otic Agents		
acetic acid otic solution 2 %	2	
CIPRO HC OTIC SUSPENSION 0.2-1 %	4	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	4	
fluocinolone acetonide otic oil 0.01 %	2	
hydrocortisone-acetic acid otic solution 1-2 %	2	
neomycin-polymyxin-hc otic solution 1 %	2	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	2	
ofloxacin otic solution 0.3 %	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Respiratory Tract/ Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %	2	
azelastine-fluticasone nasal suspension 137-50 mcg/act	4	
desloratadine oral tablet 5 mg	2	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	2	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	4	
levocetirizine dihydrochloride oral tablet 5 mg	2	
olopatadine hcl nasal solution 0.6 %	2	
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	2	EDS
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	4	BD; QL (120 ML per 30 days); EDS
flunisolide nasal solution 25 mcg/act (0.025%)	2	
fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act	2	EDS
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act	2	QL (60 EA per 30 days); EDS
fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act	2	EDS
fluticasone propionate hfa inhalation aerosol 110 mcg/act	2	QL (12 GM per 30 days); EDS
fluticasone propionate hfa inhalation aerosol 220 mcg/act	2	EDS
fluticasone propionate hfa inhalation aerosol 44 mcg/act	2	QL (10.6 GM per 30 days); EDS
fluticasone propionate nasal suspension 50 mcg/act	1	EDS
mometasone furoate nasal suspension 50 mcg/act	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (10.6 GM per 30 days); EDS
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	EDS
Antileukotrienes		
montelukast sodium oral packet 4 mg	2	EDS
montelukast sodium oral tablet 10 mg	2	EDS
montelukast sodium oral tablet chewable 4 mg, 5 mg	2	EDS
zafirlukast oral tablet 10 mg, 20 mg	4	EDS
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	EDS
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	EDS
ipratropium bromide inhalation solution 0.02 %	2	BD; EDS
ipratropium bromide nasal solution 0.03 %, 0.06 %	2	EDS
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	QL (30 EA per 30 days); EDS
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days); EDS
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	2	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	2	BD; EDS
albuterol sulfate oral syrup 2 mg/5ml	2	EDS
albuterol sulfate oral tablet 2 mg, 4 mg	4	EDS
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	4	BD; EDS
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	3	QL (2 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	2	QL (1 EA per 30 days); EDS
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml, 1.25 mg/3ml	4	BD; EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
levalbuterol tartrate inhalation aerosol 45 mcg/act	3	EDS
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	EDS
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3	QL (4 GM per 30 days); EDS
terbutaline sulfate oral tablet 2.5 mg, 5 mg	4	EDS
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	LA
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA New Starts; LA
KALYDECO ORAL TABLET 150 MG	5	PA New Starts; LA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA New Starts; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA New Starts; LA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	BD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA New Starts; LA
TOBI PODHALER INHALATION CAPSULE 28 MG	5	
tobramycin inhalation nebulization solution 300 mg/5ml	3	BD; EDS
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	5	PA New Starts; LA
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	5	PA New Starts; LA; QL (84 EA per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	5	PA New Starts; LA
Mast Cell Stabilizers		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	3	BD; EDS
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast oral tablet 250 mcg	3	QL (28 EA per 365 days)
roflumilast oral tablet 500 mcg	3	EDS
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	4	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	2	EDS
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	2	EDS
theophylline oral solution 80 mg/15ml	2	EDS
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
ADEMPAS ORAL TABLET 2 MG, 2.5 MG	5	PA New Starts; LA
alyq oral tablet 20 mg	2	PA New Starts; EDS
ambrisentan oral tablet 10 mg	5	PA New Starts
ambrisentan oral tablet 5 mg	5	PA New Starts; QL (30 EA per 30 days)
bosentan oral tablet 125 mg	4	PA New Starts; EDS
bosentan oral tablet 62.5 mg	4	PA New Starts; QL (60 EA per 30 days); EDS
OPSUMIT ORAL TABLET 10 MG	5	PA New Starts; LA
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	5	PA New Starts; LA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	5	PA New Starts; LA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25	5	PA New Starts; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA New Starts; LA; EDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA New Starts; LA
sildenafil citrate oral suspension reconstituted 10 mg/ml	5	PA New Starts
sildenafil citrate oral tablet 20 mg	2	PA New Starts; Covered for pulmonary arterial hypertension only.; EDS
tadalafil oral tablet 20 mg (pulmonary hypertension)	2	PA New Starts; EDS
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG	5	PA; QL (1 EA per 21 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	5	PA; QL (2 EA per 21 days)
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; LA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
pirfenidone oral tablet 267 mg	5	PA; QL (180 EA per 30 days)
pirfenidone oral tablet 801 mg	5	PA
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution 10 %, 20 %	2	BD
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days); EDS
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	EDS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	EDS
breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	2	QL (10.3 GM per 30 days); EDS
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	EDS
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	2	QL (10.2 GM per 30 days); EDS
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	5	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	EDS
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	2	BD; EDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; LA
ribavirin inhalation solution reconstituted 6 gm	5	BD
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL (4 GM per 30 days); EDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	EDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	2	
methocarbamol oral tablet 500 mg, 750 mg	2	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 15 MG, 20 MG	3	
doxepin hcl oral tablet 3 mg	4	QL (30 EA per 30 days)
doxepin hcl oral tablet 6 mg	4	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	2	PA New Starts; PA not required if under 65 years of age.
ramelteon oral tablet 8 mg	2	
tasimelteon oral capsule 20 mg	5	PA
temazepam oral capsule 15 mg, 30 mg	2	
temazepam oral capsule 22.5 mg	4	
temazepam oral capsule 7.5 mg	4	QL (30 EA per 30 days)
zaleplon oral capsule 10 mg, 5 mg	2	PA New Starts; PA not required if under 65 years of age.
zolpidem tartrate oral tablet 5 mg, 10 mg (immediate-release)	2	PA New Starts; PA not required if under 65 years of age.
Wakefulness Promoting Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	2	EDS
modafinil oral tablet 100 mg, 200 mg	2	EDS
sodium oxybate oral solution 500 mg/ml	5	PA
SUNOSI ORAL TABLET 150 MG	4	PA; EDS
SUNOSI ORAL TABLET 75 MG	4	PA; QL (45 EA per 30 days); EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

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Independent Health

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-665-1502 (TTY: 711) or speak to your provider.

Español (Spanish): ATENCIÓN: Si habla español, hay servicios de asistencia lingüística disponibles para usted de forma gratuita. También están disponibles, sin cargo adicional, los auxilios y servicios apropiados para proporcionar información en formatos accesibles. Llame al 1-800-665-1502 (TTY: 711) o hable con su proveedor.

中文 (Simplified Chinese): 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-665-1502（文本电话：711）或咨询您的服务提供商。

台語 (Traditional Chinese): 注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-665-1502（TTY：711）或與您的提供者討論。

РУССКИЙ (Russian): ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-665-1502 (TTY: 711) или обратитесь к своему поставщику услуг.

ייִדיש (Yiddish): נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעבטיגט פאר דיר פריי. צונעמען אַידס און באַדינונגס פֿאַר פּראַוווידינג אינפֿאָרמאַציע אין צוטריטלעך פֿאָרמאַטירונגען זענען אויך בנימצא פריי. רופן 1-800-665-1502 (TTY: 711) אָדער רעדן מיט דיין טרעגער.

বাংলা (Bengali): মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-800-665-1502 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

Kreyòl Ayisyen (Haitian Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-800-665-1502 (TTY: 711) oswa pale avèk founisè w la.

한국어 (Korean): 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-665-1502 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

العربية (Arabic): تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1502-665-800-1 (711) أو تحدث إلى مقدم الخدمة.

Italiano (Italian): ATTENZIONE: Se parli italiano, sono disponibili servizi di assistenza linguistica gratuiti per te. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il 1-800-665-1502 (TTY: 711) o parla con il tuo fornitore.

Français (French): ATTENTION: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-665-1502 (TTY: 711) ou parlez à votre prestataire.

POLSKI (Polish): UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-665-1502 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

اردو (Urdu): توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1502-665-800-1 (TTY:711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

SHQIP (Albanian): VINI RE: Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-800-665-1502 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-800-665-1502 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

Notice of Nondiscrimination

Discrimination is Against the Law
Independent Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independent Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Independent Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact Independent Health's Member Services Department. If you believe that Independent Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Independent Health's Member Services Department, 511 Farber Lakes Drive, Buffalo, NY 14221, 1-800-665-1502, TTY users call 711, fax (716) 635-3504, medicareservice@servicing.independenthealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Independent Health's Member Services Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

This formulary was updated on 10/15/2025. For more recent information or other questions, please contact Independent Health's Medicare Advantage Plan Member Services at (716) 250-4401 or 1-800-665-1502 (TTY users should call 711), October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday from 8 a.m. to 8 p.m. or visit www.IndependentHealth.com/Medicare.